

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

GOLD MEDAL  
WIN FOR PROF

ANTI-INFLAMMATORY  
DISCOVERY

ORAL COVID-19 TEST



## DENTISTRY IN A PANDEMIC

How the profession innovated,  
went digital and tackled  
access to care ► **PAGE 8**

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

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Illustrations by Lino



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## MESSAGE FROM THE DEAN

# A PROFESSION ADAPTS

All of society has been affected by the COVID-19 pandemic, with dentistry being no exception. Our profession is undergoing significant change. This issue of *UofT Dentistry* looks at the ways COVID-19 has impacted dentistry and our patients. Similarly, at the Faculty, we have had to adapt how we carry out all aspects of our mission. Yet, our school's vision — to improve health by advancing dentistry through inspired leadership, innovation and excellence in education, research and practice — has not changed. Since the start of this pandemic, our priority has continued to be ensuring the safety and academic needs of our students. Many at the Faculty have worked tremendously hard to see this happen successfully, and I want to acknowledge and thank them. I have also been so impressed with the patience, understanding and resilience of our students, our staff and our faculty.

While online delivery of our didactic courses is the new norm for this year, dentistry clearly requires aspects of in-person learning through simulation labs and clinics. After the sudden closure in March, these were restarted in a gradual, phased manner over the summer with changes to health and safety protocols, building access and scheduling. Critical facility upgrades,

necessary to carry out the practice of dentistry today, are the next step. While these were important before the pandemic, they are now crucial and can no longer be delayed. We are actively working on plans for renovations to our clinics and simulation lab.

Meanwhile, as important societal movements have risen to the fore, the Faculty of Dentistry remains committed to end racism. Our diversity, inclusion, collegiality and equality (DICE) committee that provided us recommendations a few years ago will be reestablished this year as part of our Strategic Plan. Its mandate will be to review its original recommendations and incorporate how we can do more to eliminate racism.

The Faculty continues to be committed to wellness. This past year, one of our Strategic Plan working groups focused on wellness, creating a number of initiatives for students, staff and faculty, including our Wellness Awareness Month with weekly plenary speakers and group activities. This work will continue this academic year.

How the future will unfold is far from certain. As challenges come our way, we must remember that it is important for us to stay well not only physically by avoiding COVID-19, but also emotionally. As we enter this future, I wish you and your loved ones good health. ■

Our priority has continued to be ensuring the safety and academic needs of our students are met

DEAN DANIEL HAAS 779, 878 PHD

# UP FRONT



Photo: iStock

## NEW DRUG CURBS INFLAMMATION

**A** Faculty discovery involving peptides could halt inflammation in a range of health conditions, including the cytokine storms of COVID-19.

Professor Chris McCulloch 7T6 of the Faculty of Dentistry worked with researchers from National Jewish Health in Denver to develop TAT CARMIL1. It's a combination of two naturally occurring peptides that penetrate a cell's membrane and dampen acute inflammatory responses.

In an ex vivo study, the peptide reduced collagen degradation by up to 43 per cent.

TAT CARMIL1 targets two receptors, sticking

to both the cell's surface and its cell substrate, where it adheres to other cells.

"The two receptors necessary for it to work supplies an unusual level of specificity," explains McCulloch, a study co-author. "We think the unusual nature of this pathway might restrict its side effects."

Researchers are moving towards in vitro models. They're hopeful this new discovery could be used for COVID-19, but also be combined with other drugs to treat cancer, arthritis and other conditions that involve inflammation.

The study, published in *Cell Reports*, was funded by a Canadian Institutes of Health Research grant. ■

.....  
**43%**

REDUCTION OF  
COLLAGEN  
DEGRADATION

# PROMISING COVID TESTS

Photo: Chan lab, IBME



Inside view of the quantum dot-powered diagnostic device

**T**wo separate Faculty-affiliated research projects are developing new tests to detect SARS-CoV-2, the virus that causes COVID-19. One promises low-cost results and the other highly accurate, rapid ones.

Professor Michael Glogauer 9T3, 9T9 Dip Perio, 9T9 PhD, who is also head of dental oncology and chief dentist for the University Health Network, is creating a mouth-swab test, adapting the approach used in pap smears.

“It just so happens that the tongue expresses extremely high levels of ACE-2 receptors,” he says. “The tongue is a big net. It will always be positive if an infection is present.”

The tongue has epithelial cells that can contain the virus. Subjects can be given an oral rinse and have their tongues brushed. The gathered epithelial cells can be assessed inexpensively in retooled pap-test labs.

Also, UofT professor Warren Chan, director of the Institute of Biomedical Engineering, which is a partner with the Faculty of Dentistry, is using light-emitting nanocrystals, known as quantum dots, in microscopes to collect numerous data points on a test sample.

Tests can be processed quickly, even outside of a lab. Part of the research project includes creating a mobile version of the test that generates a readout to a smartphone.

One promises low-cost results and the other highly accurate, rapid ones

Chan’s lab already had a test prototype and adapted it, he says. “We took the time to develop all the science behind it and now we have a plug-and-play system that can be applied for various applications.” ■

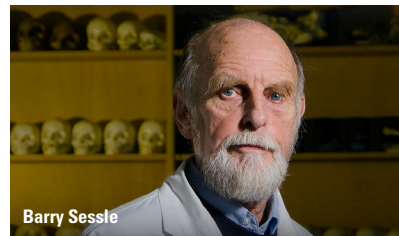


Photo: Jeff Comber

## PROF GIVEN GOLD MEDAL

**P**rofessor and former dean Barry Sessle has been recognized with the International Association for Dental Research’s (IADR) highest honour, the Gold Medal.

This prestigious award honours researchers who have already earned the IADR Distinguished Scientist Award, and then built on their original scientific accomplishments to achieve a broader impact on science or society.

Sessle has authored more than 430 papers and book chapters. He served as president of the IADR and has been a world leader in orofacial pain studies for nearly fifty years. Separately, the IADR honoured Sessle with a new award in his honour, the IADR INFORM Barry J Sessle Postdoctoral Award. ■

## BOARD LEADERSHIP

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# DENTISTRY GAVE WHEN ASKED



Supplies ready for shipment

Photo: James Posluns

Last spring, when Ontario and other provinces moved into lockdown mode, the Faculty and dentists across the province stepped up. With dental offices closed to lower the risk of transmission of COVID-19 and lessen the stress on acute care hospitals, dentists heeded the call for much-needed personal protective equipment (PPE). The Faculty of Dentistry shipped out thousands of items of PPE to hospitals across the province. The supplies were gathered centrally by UofT, and dispersed according to need.

With dental offices closed to lower the risk of transmission of COVID-19 and lessen the stress on acute care hospitals, dentists heeded the call for much-needed personal protective equipment (PPE)

Dentistry gave overgowns, gloves and masks, including much-needed N95 respirators. The Faculty offered the province use of its three general anaesthesia machines equipped with ventilators, along with the general anaesthesia medication propofol. “Everyone involved was incredibly supportive of the decision to donate these materials,” says director of clinical affairs James Posluns DT, DT8 Dip Ortho. Many dentists, including faculty members, instructors and alumni organized drives of their own, encouraged by the Royal College of Dental Surgeons of Ontario. ■



Anne Dale

Photo: Jeff Comber

## FACULTY HONOURS

Retired professor Anne Dale DT has been awarded the Canadian Dental Association’s Distinguished Service award for her contributions to the profession.

Professor Yoav Finer DT MSc Prosthodontics, George Zarb/Nobel Biocare Chair in Prosthodontics, has received the 2020 Peyton-Skinner Award from the Dental Materials Group of the IADR.

Professor Anil Kishen has been recognized with the Louis I. Grossman award from the American Association of Endodontics for his cumulative and significant research impact and extraordinary contributions to endodontology.

Professor Paul Santerre has received the Canadian Biomaterials Society’s Lifetime Achievement Award, that society’s highest recognition. ■

## STAY IN TOUCH

Get the alumni magazine and e-newsletter, or learn about the events, workshops, and lectures available to you, by updating your contact info:

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

# CANNABIS'S IMPACT ON INDIGENOUS ORAL HEALTH

Indigenous peoples already experience more oral disease than the general population, so cannabis use may disproportionately impact their dental and oral health.

A two-pronged study by the Faculty of Dentistry and the Waakebiness-Bryce Institute for Indigenous Health at the Dalla Lana School of Public Health at UofT will be

the first in Canada to assess the risk, plus share that information back to communities.

“Knowing how big an impact the use of cannabis has on oral health indicators among the Indigenous population

will be critical towards the development of new policies and guidelines in prevention and treatment of oral diseases,” says Faculty associate professor Siew-Ging Gong, co-principal investigator of the study. It’s being funded by a five-year, \$1.5 - million grant from the Canadian Institutes of Health Research.

Participants will be monitored for changes in their oral health and oral microbiome. A second prong of the study will use the Learning Circle model to foster community members sharing their knowledge of cannabis and oral health outcomes with others.

“The circles will allow us to evaluate the research outcomes through the lens of the community,” says Herenia Lawrence, associate professor and principal investigator of the study. ■

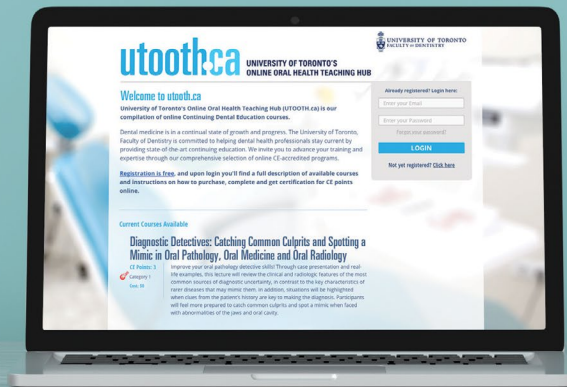
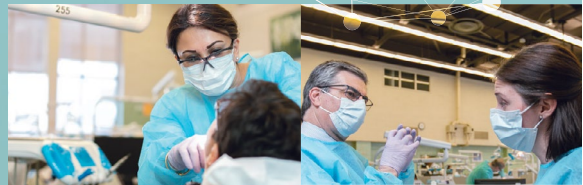
Cannabis use may disproportionately impact [Indigenous peoples’] dental and oral health



UNIVERSITY OF TORONTO - FACULTY OF DENTISTRY CONTINUING DENTAL EDUCATION (CDE)

Like all of us, we here at CDE are busy developing new routines and settling into a new normal. We have been hard at work finalizing our plans for the fall course schedule, while ensuring your safety. Whether the fall program is held through online virtual classes, smaller in-person courses or some sort of hybrid model, all of our courses will be interactive, engaging and, as always, of the highest quality. Updates and the fall program will be posted shortly on our website at [cde.dentistry.utoronto.ca/cde](http://cde.dentistry.utoronto.ca/cde), so please visit frequently for the most up-to-date information.

Whether it is through a [utooth.ca](http://utooth.ca) course, webinar or just interest in courses to come, we thank you for your continued loyalty and support.



COVER STORY

# DENTISTRY TAKES





# ON A VIRUS



**T**he global sweep of COVID-19 is changing healthcare as we know it. Dentistry, which paused in spring 2020, came back to a new world of heightened protocols, a slower pace, digital demands and steep challenges around access to care. This is how the profession has adjusted to a changed landscape.

ILLUSTRATION BY LINO



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# A CHANGE *WILL DO US* GOOD

How the pandemic spurred new ideas around efficiency, safety and patient focus **BY DIANE PETERS**

**L**ate last spring, when her Oakville clinic had been closed for months, Agatha Bis cleaned. For upwards of 18 hours a day, she scrubbed down her office and had time to think. “It flipped a switch in my head. I decided I either completely change when we go back, or I don’t go back at all.”

The second option wasn’t theoretical: she’d had a few offers to buy her clinic — which consisted of herself, four hygienists and two admin staff — on one of Oakville’s busiest main streets. She didn’t know if by following all the new rules set out by the Royal College of Dental Surgeons of Ontario (RCDSO) she could stay profitable once she opened.

Bis had wanted to be a dentist since childhood, but the reality had been different from her original dreams. “Dentistry is stressful. I didn’t realize how stressful it was until I didn’t have it.” Busy days of treating as many people as possible, and watching her patients make treatment decisions entirely related to their level of insurance coverage — it was harder on her than she realized.

“I can’t go back to that pace and that stress again,” she realized as she wiped and mopped. Meanwhile, complex directives regarding personal protective equipment (PPE) for herself and her hygienists would surely make reopening even harder.

Bis decided to open. She followed the new protection, cleaning and distancing rules, plus she put in place addi-

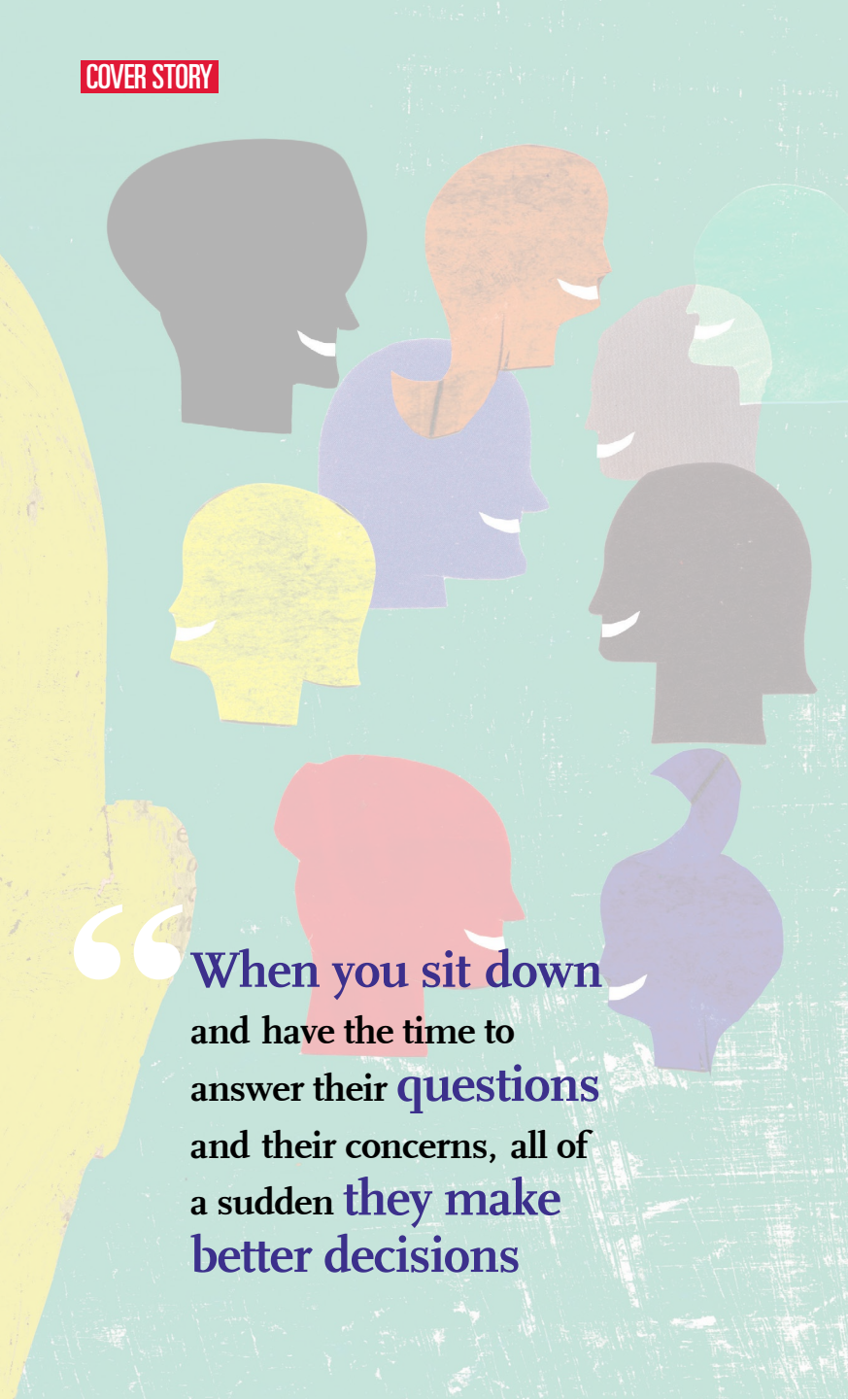
tional protocols and a pace that she would retain during the pandemic, but long term too. “The changes I’ve made are going to stay forever,” she says.

Many dentists in Canada have taken a similar approach to embracing change. As they settled into a temporary version of normal with heightened care around infection control, many in the profession re-evaluated the way they work. Then, surprisingly, they found themselves not just compensating, but innovating. Fresh ideas and approaches are helping them stay safe but also efficient. Many suspect they’ll keep new ways of practising, pandemic or no.

## PERSONAL PROTECTION ENDURES

As leaders in infectious disease control, dentists will likely keep up with heavy use of PPE and other measures for a long time. “We won’t go backwards,” says assistant professor James Posluns. “The PPE is here to stay.” Some of that will be driven by regulators. “They’re preparing for the next one,” he says of the RCDSO and future waves and pandemics. “They never want to be in that position again where they say, ‘Shut your doors.’” Patients may continue to insist, as well. “They’re watching what you do all the time. They appreciate any efforts we are doing to screen and be careful,” says William Abbott 7T6, an oral and maxillofacial surgeon based in London, Ont.

James Younger 9T9, a dentist who practises part-time in Stoney Creek, Ont., predicts the use of PPE will become increasingly selective. “I think we’ll have little leftovers,” says Younger, who is also owner of TempStars, a dental



“When you sit down and have the time to answer their questions and their concerns, all of a sudden they make better decisions

support staff agency. He predicts plexiglass barriers will come down, but teams will snap into extra precautions when needed. “Someone comes in with a cough and a fever and you have to do surgery and it’s an emergency and you can’t delay, you’ll turn to the N95.”

Dentists already know about the roller coaster that is procuring PPE. Jonathan Mahn, principal dentist and chief clinical officer at the Paris Dental Centre in Paris, Ont., who has been helping with procurement for the Ontario Dental Association as chair of its member services and programs advisory committee, thinks shortages will abate and prices will drop, but we could see specific shortages, likely

with gloves next. Ajay Jain, chief business development officer of SteriPro, a Burlington-based company that procures and sanitizes PPE, says healthcare professionals will become increasingly adept at avoiding scams and ending up with unsafe, counterfeit equipment by securing relationships with reliable suppliers. “You have to be very diligent; make sure you know who you’re buying masks from,” says Jain.

Ideally, those will be nearby companies. Posluns suspects local manufacturers will continue to make PPE and innovate to create new materials and produce high-level products, such as the N95 or equivalent: “In the past, it was all imported, and no one worried where it came from, as it wasn’t considered critical to practice.” Pressure from healthcare communities such as dentistry is enabling local companies to make PPE, and gain government support for doing so.

Mahn says most dentists now know precisely what PPE they have on hand, where it is, what’s on back order and their burn rate. “This is a good model for how we can better manage our inventory in general,” he says. “I really believe this is the silver lining, helping us have a better sense of our inventory management programs, and helping close the gaps so we can manage our costs better.”

#### SUSTAINABILITY RISES

Environmental sustainability is more important than ever, and that’s leading to new ideas in dentistry. Mahn has been seeking sources of reusable PPE,

mainly gowns, to rein in affordability and reduce those growing mounds of PPE garbage in Canadian dental offices. He sees more dental offices signing on with service providers that provide gowns, launder them and offer other products too, such as cleaners. It’s often a long-term commitment but will help dentists maintain a consistent and safe supply. Abbott’s clinic now has a contract with a company that’s supplying his team with new scrubs and laundering them, and they’ll soon add gowns. Some dentists are working with local companies to make a wider range of medical grade PPE, including masks, which should be seen in the coming months.

Meanwhile, dentists are figuring out how to safely extend the use of some of the more precious pieces of PPE. Mahn says he's found that the P100 respirator, intended primarily for trades such as construction, painting and chemical spraying, is a cost-effective option that allows for reuse and disinfection. "This is Plan B," he clarifies, noting that P100s are a second choice to N95s, something Health Canada has said is fine, and they should be combined with a level 3 mask.

Looking ahead, the profession can expect more data on PPE and reusability. "How many times can you disinfect an N95? In the future they'll look into this and we'll know," says Aileen Gunda, a medical device reprocessing consultant. It looks like low temperature, hydrogen peroxide vapour and plasma sterilizers work best on respirators, but while hospitals often own such devices, they're not standard for dental offices. "You have to weigh the costs," she says. "It's a risky time to invest." While dentistry has always led on controlling infectious substances and aerosols, the profession's approach is becoming more refined. Gunda says courses on medical reprocessing have huge wait lists and expects that to continue. She's long pushed for more focused training options, too: most courses train for hospital settings, offering a scope that's just not relevant for small clinics. "We've been asking for a course that's specific for dentistry," she says, and hopes advocacy by her and others will make this finally happen.

To help improve infectious disease control in her office, Bis now does as many procedures at once as possible. So a patient will get a cleaning, filling and a crown at the same time, while the billing might happen over time. "I started this when I didn't know when we'd get PPE again, so if we do it all at once, we don't waste PPE," she says. But the approach also reduces treatment room fallow time over the course of the day, plus means less instrument sterilization. "You're not processing endless amounts of instruments with all the associated energy use and waste of plastic," says Bis.

### SPACE REIMAGINED

Dentistry has taken data on droplets and aerosols seriously, assessing air quality and HVAC in their clinics. Abbott suspects further research will pinpoint just how much air turnover is needed for various types of treatments — such as scaling versus putting in a dental implant — and regulators in turn will adjust their guidance. Getting regular HVAC assessments and investing in systems such as air purification will become routine. "This has really had me looking at air quality. Even during so-called normal times, I'd like it to be better," says Michael Gardner 8T6, director of quality assurance with the RCDSO.

Posluns says while rooms with doors best contain aerosols, at student clinics at universities, instructors rely

on seeing dental students at work, reading body language and overhearing conversations. "We have to make sure everyone is safe. We can't solve one problem and create a lot of other ones."

### LEADERSHIP CHALLENGES

Increasingly, dentists are embracing their roles as business owners and managers, putting pressure on their communication skills, especially around PPE use. "Most offices, especially the smart ones, are alive to these issues and they recognize that patients are afraid, staff members are afraid," says Gardner. Abbott and his colleagues have dealt with different rules from professional colleges, plus privacy issues around underlying health issues, by letting staff choose what protection they want without explanation. "We avoid it by saying: 'You want to have a gown? You put on a gown. You don't have to tell us why, it's none of our business,'" says Abbott.

In the past, Mahn admits many dentists and dental staff would "maybe have worked through illness." Those days are gone. "More clinics will encourage people to go home if sick," says Mahn. Clinics will need to have good policies and supports around sick days — this could be a deal-breaker around retaining staff in future.

Leadership pressures comes at a time when there's increasing concern about office profits, too. "We'll have to adjust our expectations of our bottom line," says Abbott. Slightly higher fees, longer clinic hours with staggered of shifts, and lengthy hours for the dentist may be the way ahead. Perhaps the most dramatic long-term change is the pandemic's unique influence on patient care. Mahn says reducing the use of waiting rooms has led to a new kind of experience for patients. "You welcome them at the door, like you do at home. They're never left alone. It allows us to reframe care with the patient at the centre," he says.

Bis spends longer with her patients under her new approach. "I now have time to talk to people," she says. "When you sit down and have the time to answer their questions and their concerns, all of a sudden they make better decisions." Abbott enjoys this newfound connection, too. "Having the time to talk to patients, I like that," he says. He's increased appointment times and spends fallow time calling patients back.

This slower approach may lead to more budget crunches for dental offices, but more patient loyalty over time. Like every change dentists are making in 2020, this is up for constant reassessment as this pandemic waxes and wanes. The wisest will keep adjusting, getting better and staying ready for whatever comes in the future. "Some will want to get right back to the way they did things before," says Gardner. "Some are going to learn lessons from all of it." ■



# *THE COMPUTER*

# WILL SEE YOU NOW

How COVID-19 inspired the rise of teledentistry, digital communications and remote learning in the profession **BY MARK WITTEN**

**R**ob Eisen and his colleagues at the North York Smile Centre in Toronto had been sending e-blasts and weekly digital updates to patients since their clinic was shut down by COVID-19 in mid-March. Eisen felt it was not enough.

“We had no idea where we stood with our patients. If we opened the store, would anybody come in again?” says Eisen, who has been practising since 1985. So, in late April, he and the three other dentists at the clinic hosted a Zoom webinar. Nearly 500 patients tuned in to watch the dentists speak, view a video contrasting the pre- and post-pandemic dental patient experience, and participate in a live Q&A session. For that segment, dozens of people peppered the doctors with questions for 45 minutes, until Eisen reluctantly cut it off.

Then, on a sunny Sunday afternoon in May, the dentists and their staff held a drive-thru check-in outside the clinic where patients could pull up and ask more questions. Outfitted in masks, face shields and other protective gear, Eisen and the team reached out with hockey sticks to hand over plastic bags containing toothpaste and dental floss to a steady stream of delighted patients driving, cycling or walking by.

“It was such a weird landscape. I didn’t know what to expect, or if anybody would show up. We gave away 120

kits. Patients were waving, smiling and so thankful to see us, and we were very happy to see them,” Eisen recalls. “We used social media and our digital news platform to get the word out. It was a modern approach with an old-style personal touch.”

Virtual, but also personal, is an apt motto for the new direction in technology-assisted care that has emerged and is expanding rapidly in dentistry. “The pandemic has been a massive accelerant to virtual dentistry,” says Michael Gardner, director of quality assurance at the Royal College of Dental Surgeons of Ontario, who was part of a staff working group that developed teledentistry guidelines on behalf of the College.

Now that hands-on and face-to-face work comes with extra protocols, dentists are looking to digital tools to fill the gap. More are embracing video consultations to support care delivery, while dentists and dental students alike are logging on to receive dental education.

“Patient demand is a huge driver for these changes. Patients want and expect dentists to do more virtually and digitally,” says Jeff Glaizel oT, a general dentist in Toronto and former senior business lead of venture development with the Ontario Telemedicine Network. “They’re asking, why do things have to be done the old way? Why do I have to make an extra visit for this?” With the pandemic forcing the issue, dentists — some of whom have been wary of the tech tools in the past — have formed a new and likely lasting relationship with technology.



“Before COVID, I didn’t use digital tools for virtual consultations. It saves time and is less expensive to virtually plan, and patients are happier

#### EXPLORING HYBRID CARE

Over the past several months, dentists have become increasingly adept at a hybrid-care model. In the North York Smile Centre’s video, for instance, James Ko iT4 explained that all consultations, treatment planning, information sharing, fees and financing discussions previously held in the office would be handled virtually and digitally, leaving only hands-on treatment on site.

With hybrid care, the patient steps right into the chair for treatment upon arrival and leaves when it’s done. “The new normal will be less staff in the office and more people working virtually. We have two dental consulting rooms and two treatment coordinators. They’ve been doing virtual video consultations from home and I expect this will continue permanently. I don’t think we’ll need the same reception or consulting rooms in the future,” says Eisen.

Those already using chairside tech, such as intraoral scanners, 3D-printed surgical guides, and smile-design software, are switching up how they use digital tools for more powerful and efficient virtual consultations and treatment planning. Effrat Habsha 9T5, 9T8 Dip Prosthodontics MSc, has moved to using digital smile designs and wax-up tooth models to show patients virtually what an altered and improved smile will look like after a restoration treatment.

“Before COVID, I didn’t use digital tools for virtual consultations. It saves time and is less expensive to virtually plan, and patients are happier,” says Habsha.

This new approach to care has put more attention on the virtual dental-care software market. Tarn Dhillon, a dentist in Maple Ridge, B.C., was ahead of the curve, and began developing his platform P2P Dentist in 2018 after a patient called him from Mexico with a broken tooth. The patient was reluctant to see a local dentist, and Dhillon knew there had to be a better way to interact securely with patients after hours or from afar. He started collaborating with tech experts who specialized in telehealth software to create a secure, reliable virtual dental-care platform for dentists to see patients for emergency care after hours, while having easy access to their medical records.

“We were 80 per cent finished and then the pandemic hit,” says Dhillon. Pre-pandemic, the value of P2P wasn’t well understood by the community, he says. Then: “Suddenly dentists were asking, is it ready?” The team started working 12 to 16 hours a day, getting input and feedback from the British Columbia Dental Association to help make the platform more user-friendly for dentists and patients. Launched on May 4, “70 dentists signed up in the first week,” he says.

Dhillon was surprised to see specialists using his program — which offers a secure video and voice calling platform that synchs up with prescribing, claims forms, scheduling and medical history — as much or more than general dentists.

Dentists are increasing patient communications through email, social media and digital newsletters for services ranging from booking appointments, filling out patient forms, billings and payments, digital marketing, updating protocols and screening to receiving photos of a cracked tooth and sending post-treatment reports. “Patients are used to doing almost everything else online, so transitioning more dental services and care from the



office to virtual will help shift dentistry towards more patient-centred care,” says Glazel.

### REMOTE REACH

Teledentistry offers some of the greatest advantages for people unable to easily come into a dental office, such as older adults, people living with a disability, those with compromised immune systems and those living in remote communities. In fact, one of P2P Dentist’s most satisfied clients, says Dhillon, is a group of paediatric dentists in Calgary doing regular virtual consultations for families in remote communities.

Dentistry from a distance is different, but it works. A 2017 study in the *Journal of the American Medical Directors Association* evaluated the accuracy of teledentistry for diagnosing dental pathology, assessing the rehabilitation status of dental prostheses and assessing the chewing ability of older adults living in nursing homes. It concluded that teledentistry is accurate and could be used for regular checkups.

As a public health specialist at the University of Saskatchewan College of Dentistry, Alyssa Hayes was on a team – along with the School of Nursing – that provided teledentistry screening and assessments for children in remote communities in northern Saskatchewan for two years. Local nurse practitioners collected information via an intraoral camera while a remote interdisciplinary team offered diagnosis and support. “The virtual screening allowed the children to access oral health services earlier,” says Hayes, who is now director of the dental policy development division for the non-insured health benefits program, Indigenous Services Canada.

Hayes sees the sudden reliance on digital tools as a potential catalyst for broader digital screening, assessment and interdisciplinary prevention efforts to reach children and adults who live far from healthcare services, but local patients with certain needs too. “It’s a unique opportunity for dentists and other healthcare professionals to rethink how we deliver our care,” she says. “For young children, a quick virtual screening is more fun and less stressful than sitting in a dental chair to get them into the experience of dental care and raise awareness about oral health,” she adds.

While teledentistry can improve access for many, it has drawbacks for older, rural and socioeconomically disadvantaged people who don’t have newer cell phones, laptops or high-speed Internet. “The dental profession needs to be proactive and ensure that virtual dental care is accessible to those who need it most,” says Carlos Quiñonez oTg PhD, associate professor and director, graduate specialty program in dental public health at UofT.

### EDUCATION GOES ONLINE

Online continuing dental education has been around for

ages — but now it’s the new norm. “Dentists’ comfort level for doing online learning has increased considerably because they had the time to learn how to do it. The traffic to our utooth.ca courses went up dramatically in the early months of the pandemic,” says Chris Swayze, director of Continuing Dental Education with the Faculty.

Swayze expects the trend towards more virtual continuing education to continue, but with differences to make it more engaging and participatory. “There will be more online courses in real time that are hands-on but done virtually, where the participants will be able to ask questions,” he says, adding that learning will become more case-based, interactive and collaborative, using breakout rooms. “Dentists prefer live courses, which can be more social and collegial,” he says.

That challenge is mirrored in the country’s 10 dental faculties, which are offering hybrid teaching this fall: in-person clinical and pre-clinical work — with numerous modifications to ensure patient, teacher and instructor safety — and mostly online didactic work.

While remote learning has downsides, it can also reach more people. Habsha had a tenth anniversary in-person symposium planned for last April for her group Women In Dentistry. Instead, she presented a dozen CE webinars from late March through May featuring live speakers — and attracted a global audience. “We tripled our email list from about 2,000 to over 6,000 women in dentistry. Instead of limiting ourselves to those who could come to an in-person event in Toronto, we were able to attract women from across Canada, the U.S., U.K., Italy, Israel, Saudi Arabia and other countries. It made me think about education differently,” she says.

### DIGITAL SHORTCOMINGS

As virtual dentistry becomes more widespread, the profession will need to work with insurers and patients to develop viable ways of billing and paying for virtual services. Particularly, care given across provincial borders could lead to billing and regulatory hurdles. “Regulators will need to develop a pan-Canadian solution with guidelines on whether and when it is desirable and appropriate for dentists licensed in one province to provide virtual dental services to patients in another jurisdiction. The issue has to be addressed because we know this will occur,” says Gardner.

Teledentistry and other technology-driven methods of treatment may be commonplace for long time. “Virtual dentistry will become increasingly popular and normal in the future. Many patients prefer it and many dentists now see the benefits,” says Gardner. These changes could have lasting benefits, especially if dentistry can embrace the best of digital care and make sure a tech-driven future remains accessible, affordable, personal and profitable too. ■



# MIND

## THE GAP

When no one goes to the dentist for months, access to care becomes a national health concern **BY ERIN VOLLICK**

**C**hantal Tremblay's teeth are fine, but throughout July the 48-year-old from La Prairie, Que, was stressed about visiting the dentist once offices reopened. Tremblay wasn't worried about catching COVID-19 at the dental office. She was fretting about how long it would take to get back into the chair.

For the first time in her 18-year relationship with her dentist, Tremblay wasn't sure when she'd return to her regularly scheduled cleanings. "I haven't been able to rebook the appointment," she says. Like thousands of other Canadians, Tremblay felt the pinch of limited capacity during the pandemic.

Tremblay says the office communicated new safety protocols and the concomitant slower pace of care. The one thing she didn't hear was when she'd be able to go. "I understand that everybody's in the same boat. There's going to be a bottleneck following this kind of crisis," says Tremblay.

Indeed, just because offices are "up and crawling," as David Stevenson, who leads the Ontario Dental Association's (ODA) COVID-19 return to work task force, puts it, doesn't mean patients are able to get appointments. "There's a big demand for people to come in, and limited capacity to see them."

With the pandemic, access to care became more than a socioeconomic issue: it's now a society-wide struggle. An August 2020 survey by Research Co. showed that 26 per cent of Canadians did not visit a dentist in the previous 12 months. Without recent cleanings, X-rays, conversations and interventions by oral health professionals as the

months passed, patient health has been impacted. We're just now seeing by how much.

### ORAL HEALTH AT RISK

Disparities in Canadians' oral health that have been improving in recent decades could be reversed, thanks to reduced access to dental care for all. A May 2020 study led by associate professor Carlos Quiñonez on oral healthcare disparities reported a Canada-wide "decrease in the magnitude of income-related inequality over time," leading to the conclusion that the gaps were both "persistent but narrowing." Published in the *Journal of the American Dental Association*, the study looked at the frequency of dental visits across Canada between 2001 and 2016.

But, influenced by the new so-called pandemic lifestyle, oral health issues may become bigger, and more widespread, in the days ahead. "People are not eating regular meals, not at the usual time, staying up at night," says Stevenson.

Diet, with its important connection to overall oral health, went astray for many during lockdown, and hasn't fully recovered. "There has definitely been an uptick in stress eating," says Lisa Kilgour, a registered holistic nutritionist in B.C.'s Okanagan valley. Kilgour's client load — typically she'll see anywhere between 150 to 300 clients a year — has increased dramatically since mid-April. "It's been one of the busiest springs I've ever had," she says, and her clients are now coming to her with a simple message: "My diet really changed in a bad way through the quarantine."

Dentists such as Stevenson have registered surprise that "we didn't see a rash of caries," due to all that COVID bak-

ing and consumption of sugary drinks during lockdown, but it's still early days.

#### WHEN VISITS STOP

The dental profession may have briefly paused, but oral health issues did not. Periodontist and ODA president Lesli Hapak 9T4 Dip Perio says colleagues across the country noted a discernible uptick in urgent patient issues over the summer. “That small cavity early on has now gotten to a point where they need a root canal, or the tooth is cracked and it needs to come out,” she says.

She didn't see a lot of emergencies in her Windsor practice during lockdown, and then soon after resumed performing surgeries that had been cancelled due to COVID. By mid-summer, that backlog had yet to be cleared, so people had to wait, risking more problems festering.

Like most dentists, Stevenson had to triage patients: those with broken teeth and patients whom he'd put on antibiotics to get them through the closures were first in line. “We had to get patients back whose health status had the potential to deteriorate faster than if we didn't.”

Aaron Burry practises at Cornwall's public health unit Seaway Valley Health one day a week and says his caseload continued to be emergencies by the end of last summer. Burry, who is also associate director of professional affairs at the Canadian Dental Association and leader of its COVID-19 response team, has seen what he calls “pent-up emergencies:” seniors who may not have seen a dentist in years, or adults between the ages of 45 and 65 who have no coverage and no income. Most are referrals from local-area hospital emergency rooms. “Generally, the patients I see have significant medical problems and complex social support needs,” says Burry.

While people's dental needs continue, dentists can't see them all in a timely manner. Stevenson, who was ODA president in 2018–19, resumed treating patients in his Ottawa Valley practice in June. Weeks in, his office was still juggling a large backlog of patients, while capacity has dropped by more than 50 per cent. Pre-COVID-19, his practice used to see upwards of 180 patients per week, that caseload has dropped to around 70.

That backlog is hitting dental schools too. In the early stages of reopening in July, UofT Dentistry's 263-chair clinic put in place operational limits to keep patients and their caregivers safe. Patients that had been fitted with temporary solutions over the months of closure were rescheduled as the school slowly reopened. But the sheer volume of people seen each year — the school sees more than 90,000 patient visits in a typical academic year — makes the process complex. At the height of the first wave the school was “focusing on taking care of lab cases and true emergencies,” says assistant professor David Cornell 8To, who remotely assessed emergencies and coordinated

staff and instructors. Cornell says the backlog was being “well managed” through August, as many patients were away on holidays, but patients continued to be recalled throughout September, “when we return[ed] to increased patient management capacity.” The same demand issues dogging dental schools and public health units are seen right across the country, in small practices and large.

#### NEW SOCIAL DETERMINANTS

As restrictions continue, dentists per capita may need to be redefined as a social determinant for oral health. In Toronto's saturated dental market, for example, middle class families have been able to land care appointments more readily than in other areas of the country.

Meanwhile, society's most vulnerable have the potential to become even more so. Seaway Valley Health treats autistic children, who were not seen during the lockdown due to safety concerns. An already-fragile cohort, Burry says that new routines have had to be put in place for these children, tailored to the specific needs of each patient. These new protocols and PPE requirements may make dental visits especially tough for this and many other groups.

Meanwhile, patients requiring accommodations may find them difficult to get. Facing care without support workers can be a daunting experience, and for some, simply impossible. Hospital care settings like Princess Margaret Cancer Centre have developed protocols that have helped at least one patient requiring American Sign Language to receive urgent care. Yet, not every facility will have the capacity to see patients requiring accommodations, potentially forcing those patients to be seen in larger health units, with their longer waiting lists.

#### THE ROLE OF ACADEMIA

Anecdotal evidence about the possible rising burden of dental disease is not enough. More large-scale research on Canadians' oral health is needed, says Hapak, to fully understand the impact of COVID-19. Academics, ideally with the proper funding, should take the lead on this, and many are. UofT Dentistry's researchers have already begun adding COVID-19 to their scientific programs. Yet, as Burry notes, it's been challenging to obtain reliable modelling data. “Every week there are far more questions than answers that give rise to 10 more questions.” So far in Canada, COVID-related research funding has tended to focus on biomedical and medical health interventions.

Despite ongoing uncertainty and challenges, at least one silver lining has appeared: Canadians everywhere have come to recognize, with renewed vigour, the importance of their oral health. “I like to go to the dentist regularly, but now I'm anxious to go,” says Tremblay. Dental professionals everywhere are working hard to make those visits happen and get their patients' health back on track. ■

# AS DENTISTRY FACES UNPRECEDENTED CHALLENGES, WE NEED YOUR SUPPORT MORE THAN EVER.

For the past few months, our profession has faced unprecedented challenges during the global pandemic. As alumni, many of you have had to rapidly adapt by closing private practices while making plans to safely reopen with a healthy environment for your patients, your communities and yourselves.

Here at the University of Toronto dentistry clinics, we have experienced similar challenges. Early in the pandemic, we had to close our clinics and begin thinking about how to reopen safely for our students, trainees and community. Even before all of this, our clinics

were in critical need of upgrades. Today's challenges make these renovations even more urgent. Like many of your practices, our clinics need critical space, equipment and facility upgrades to give future dentists the opportunity to hone their skills while providing high-quality, affordable dental care for more than 15,000 patients each year.

By making a gift to the Clinic Fund, you can support our future dental professionals and the communities they serve. With your help, we can ensure our facilities match the Faculty's global reputation for excellence, innovation and patient care.

**To make a gift, please contact:**

**Miriam Stephan**

**Development Officer**

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

**416-864-8202**



**UNIVERSITY OF TORONTO**  
FACULTY OF DENTISTRY



# THE TENACIOUS *class of* 2020

UofT Dentistry's newest grads wrapped up their degrees and entered the job market in a situation we've never seen before. They're embracing the challenge

**H**aving completed a contactless curbside pickup of his belongings from the Faculty's lockers in May, **Greg Pigeon**, a recent graduate of the forever memorable class of 2020, was in for a nearly six-hour drive home to Pembroke, located about an hour and a half north of Ottawa on the Ottawa River.

His post-grad plans are to practise dentistry in the sleepy town alongside a dentist he once shadowed, Henry Laska 7Ti. "He was my family dentist. I've known him since I was a child," says Pigeon of his mentor.

Pigeon is one of the lucky ones. He was able to complete his degree and had a position waiting for him. For many of his classmates, finishing the end of DDS4 remotely was a challenge, especially for those who are caregivers. Others struggled to find work in a profession grappling with a

shutdown and restart, while many had career and life plans on pause due to border closures.

The class of 2020 faces hurdles unlike any other graduating class in recent generations. Yet, despite everything, this class has optimism for the future and their place in it.

“**We can shape the new dentistry**”

#### CONNECTING WITH PATIENTS

The worst part for many new grads, Pigeon says, is the anxiety that comes with the unknown. And that anxiety is heightened by new expectations surrounding PPE and infection control, and how that impacts the work itself. "I'm worried about losing that personal connection with the patient," explains Pigeon.

## CONGRATULATIONS TO THE CLASS OF 2020!

### DOCTOR OF DENTAL SURGERY

Fawad Saeed Ahmad  
Osamah Bassam A  
Al-Gayyali  
Samin Alikhanzadeh  
Mina Alikouzehgaran  
Smriti Aryal

Shelly Bajaj  
Cathy Bekhyt  
Harseerat Bhullar  
Karim Rafik Riad Botros  
Rim Rafik Riad Botros  
Ritesh Briah

Stephen Lyal Douglas  
Carlson  
Peter Noel Chaban  
Jeffrey James Chau  
Chang Hua Chen  
June Yijun Chen

Tong Chen  
Shweta Chhabra  
Elizabeth Anne Berry  
Chisholm  
Matthew Jeremy Chow  
Danielle Maria Corcoran

Brandon Anthony Costa  
Hu Chi Paul Dhar  
Shayan Ershadi  
Mary Faheim  
Laura Caitlin Feldstein  
Justin Matthew Felix



Greg Pigeon



Sharice Molko

Joshua Michael Findlay  
Haley Nicole Frydrych  
Saba Abd El Kareem  
Gad Alla  
Michael Gardi  
Blake Donald Green

Olga Green  
Daniel Murray Edward  
Greenspan  
Gul-E-Erum  
Blessy Precious Pearl  
Gurupatha Johnson

Linda Tuong Van Ha  
Dana Hani  
Varun Hansraj  
Mayhay Ho  
Farzaneh Hosein Khezri  
Ruo Chen Huang

Yu Hsuan Hung  
Keeyeon Hwang  
Mercedes Laurel Ing  
Rajeev Jetly  
John Kandala  
Marilyn Kandala

Lindsay Rachel Katchky  
Vijayta Kaushal  
Jessica Anne Kehler  
Loretta Marie Kerr  
*Graduate list continues on  
pages 24 & 25*



Dani Stein

“Dentistry with hazmat suits. How can I comfort patients who are in pain or stressed?”

That sentiment is shared by many of the class, who worry about being new dentists while shielded from their patients. “How are you going to build that relationship when you’re covered head to toe in PPEs and you’re a new dentist?” asks **Sharice Molko**, who is weathering the pandemic in her family home in North York.

#### JOB HUNT CHALLENGES

Many members of the class of 2020 are still awaiting their first job offers. Molko had planned to enter into the “over-populated” job market in Toronto, taking on a couple of different positions, but opted instead to work outside of Toronto, in Trenton. “It’s very hard to find one full-time job in Toronto right away as a new grad,” Molko says. But that was pre-COVID. “It’s not the most ideal time to enter the job market,” she acknowledges.

**Lindsay Katchky**, who started at Sunnybrook Health

Sciences Centre this summer, is fortunate to have a good, long-term plan. After her one-year residency, she’ll join her father, mother and older sister — all UofT Dentistry alumni — at the family practice in Scarborough. “I am fortunate to have that situation,” she says.

**Neelkamal**, on the other hand, will look for a job in Vancouver. Originally trained at Punjab University (she entered through the International Dentist Advanced Placement Program), Neelkamal hopes to associate for a few years while she considers pursuing specialization. Through April and May, she says, the job search was particularly disheartening. “No one was open to hire staff.”

Sheltering with his family in Montreal during the closure, **Danny Zakko** hopes to return to Ontario and find a job in Toronto. Zakko obtained his Bachelor of Dental Surgery degree from Damascus University in 2015. In the grip of war, Syria was “not at all safe,” he says. “There was no electricity, no water.” The family relocated to Montreal in 2016, liking the stability Canada had to offer.

“This break is helping patients realize the importance of oral health”

Muhammad Qasim Khan  
Sanjay Khoosal  
Nima Khosraviani  
Eui Clara Kim  
Suk Il Kim  
Catherine Huong Mai Thi Le  
Christopher Ryan Win  
Hun Lee

Ellen Jiachen Liang  
Hansen Yufei Liu  
Ziqi Liu  
Brandon Charles Lum  
Jianing Luo  
Shitij Luthra  
Ci Yen Joanna Man  
Mahtab Mansour

Kristina Anita Turylo  
Martinsons  
Merna Megalla  
Vivian Jiang Mehdiyeva  
Navid Milani  
Aaron William Miller  
Nicholas James Moen  
Sharice Vida Molko

Hannah Namgung  
Alina Nanda  
Anish Nanda  
Paul Nassar  
Neelkamal  
Sheida Norsen  
Ahmed Oudah  
Daria Pacurariu

Joonyon Park  
Alina Phen  
Gregory Roger Barry  
Pigeon  
Nayib Rodriguez Enriquez  
Sahar Salimimosavi  
Sanjima Sanjeev  
Shabnam Shankaei



Like many of his peers, Zakko had intended to start a job hunt in Toronto shortly after Boards, which sat just a week before the Faculty closed in March. “All of a sudden, I couldn’t,” says Zakko. Now he’s thinking of going up north, taking advantage of the two-week practice rotations there. After escaping a war, a little pause might not seem like such a big deal. “I’m going to try to make the most of it,” Zakko adds.

#### NORTHERN MIGRATION

Zakko isn’t alone in considering a move north. With its low COVID-19 case counts, cheaper housing and greater patient need, the northern areas of the province may soon see a larger influx of graduating dentists than ever before. **Dani Stein** is one of them.

Stein’s partner, Joel Meyerson, moved to Wawa after he graduated from UofT Dentistry in 2015. Immediately, says Stein, she saw “what a great impact it had on him.” Since then, she’s been spending the summers up north, and the two recently moved to Thunder Bay.

“I heard from other grads who went up north and jump-started their careers. You get to practise a broad scope of dentistry and quickly grow your skills and knowledge,” says

Stein, who begins associating this summer at Port Arthur Family Dental in Thunder Bay, under alumna Laura Earl oT8. Stein chose the position because of the strong mentorship aspect, something she says is a “strong priority” for her.

#### FINDING RESILIENCE

While some still struggle to find positions, overall, the graduating class is finding positivity in a generation-defining situation. “I’m not exactly sure what normal will look like,” says Katchky, “but I am optimistic about it.”

“We are all very strong,” adds Neelkamal. “Later on we will accept the change and move through it.” Others think that the pandemic will change the general public’s view of the importance of oral healthcare. “I think this break is helping patients realize the importance of oral health,” says Molko.

More than being defined by the overwhelming changes being forced on dentistry, this group of grads may have to define a new way of practising. And that’s not all bad, says **Alina Phen**, who hopes to start her residency program at Rochester University once the border opens. “As new dentists coming into this world, we have a unique opportunity to learn from this pandemic,” she says. “We can shape the new dentistry.”



Photo: courtesy/Danny Zakko

Raheel Sheikh  
Amitoz Singh Sidhu  
Stephanie Krista  
Ananthan Silva  
Charanpreet Singh  
Alvina Hoi-Pui Siu  
Antonette P Spagnuolo  
Valerie Elyse Spano

Samantha Marie Stahn  
Danielle Stein  
Santana Su  
Shilpi Tandon  
David Weiwen Tang  
Tracy Tang  
Ishita Samir Topiwala  
Mahshid Torabi Ardakani

Betty Varghese  
Akosua Vilaysane  
Khamsum Wangdu  
Xiqing Wei  
Brian Christopher Wong  
Elizabeth Alexandra  
Worndl  
Janet Wing-Yan Wu

Yan Wu  
Zixiang Xu  
Stephanie Yap  
Danny Zakko  
Marina Zekry  
Dan Feng Zhang  
Shannon Zheng  
Liangyi Zhou

#### GRADUATE STUDENTS

Reena Garcha, MSc  
Prostho  
Arwa Bafail, PhD  
Rhodaba Ebady, PhD

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

# FOUR DONATIONS, *immense impact*

Capital improvements, students and outreach receive vital donor support

## ENABLING UPGRADES

When she sold her practice in May, Elizabeth MacSween gave back to the Faculty that trained her: “\$1,000 for every year I practiced” is how she framed the generous donation.

Her 40 years of practice have now been dedicated to help the Faculty upgrade its aging infrastructure and facilities; the Faculty urgently needs to refurbish its clinical environment to prepare for the future.

MacSween also sees the bigger picture: her donation will help the Faculty further its mission to provide care. “It’s a really basic way of ensuring the Faculty is able to provide the maximum amount of care to people,” says MacSween, who was awarded the Faculty’s Award of Distinction in 2017.

UofT Dentistry has been steadily increasing the reach of that care, which was important to MacSween. “The Faculty shows a real commitment to providing care not just to the people who can pay, but providing care in the broader sense,” she says.

Removing barriers is something of a specialty for MacSween, who has made her mark in dentistry by smashing

them. She was a first-generation university graduate in her family, the only one to become a professional. She went on to become the first female president of the Ontario Dental Association, vice-president of the Royal College of Dental Surgeons of Ontario and a director of the Canadian Dental Service Plans Inc.

“How do you quantify the help you’ve had, the start you were given?” asks MacSween, who credits so many for her own success. Her gift will help build the next 40 years of the Faculty by supporting generations of students and patients to come.

**Her 40 years of practice have now been dedicated to help the Faculty upgrade its aging infrastructure and facilities**

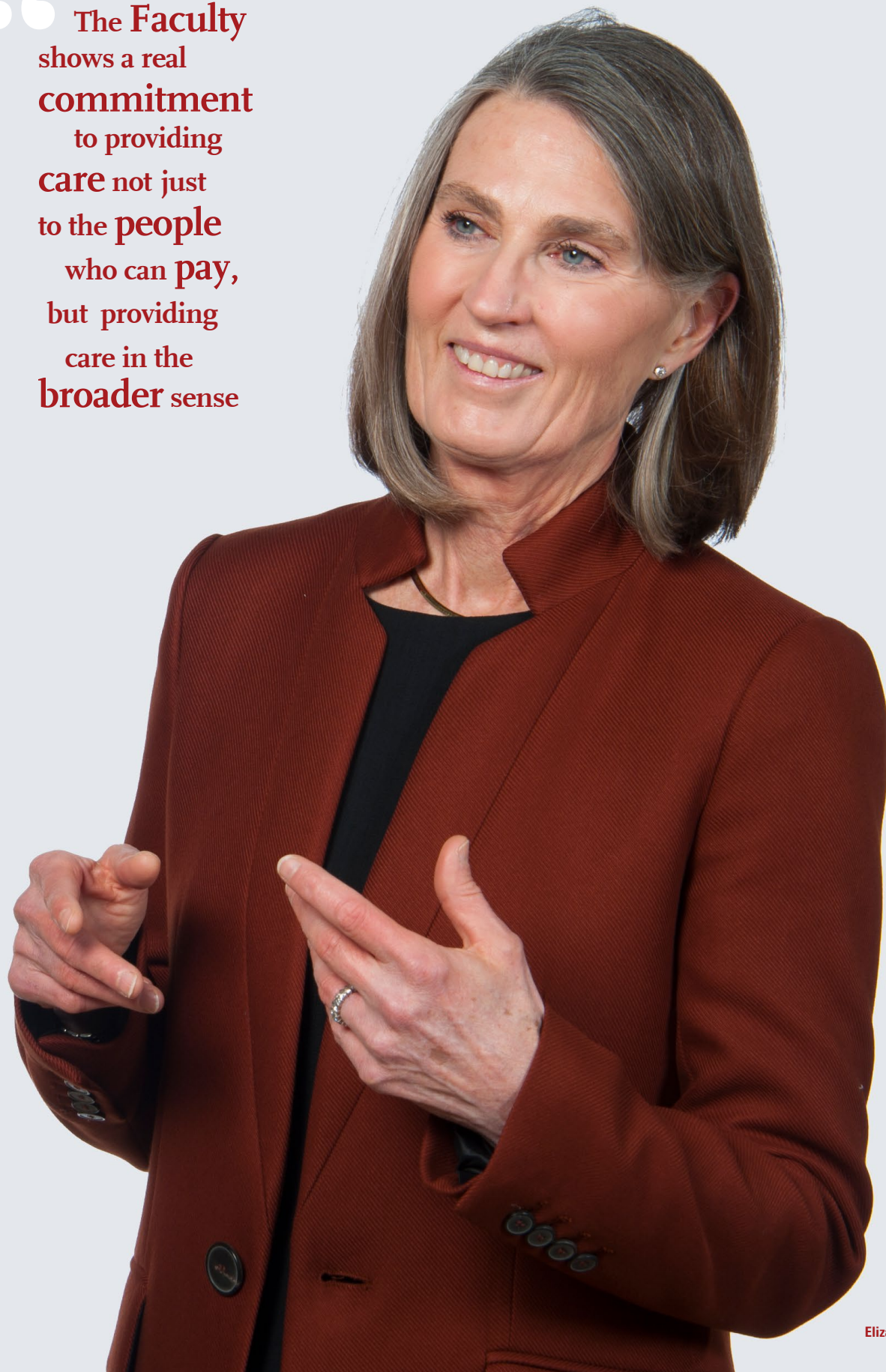
## TOOLS OF THE TRADE

With their philanthropic gift of \$25,000, husband and wife team Marc Du Val and Sylvie Di Lullo are putting the

tools students need directly into their hands.

Part of Du Val and Di Lullo’s donation will support major infrastructure investments for the Faculty. The remaining portion will help purchase much-needed equipment and facilities upgrades for the oral and maxillofacial graduate specialty program where they first met.

“ The Faculty shows a real commitment to providing care not just to the people who can pay, but providing care in the broader sense



Elizabeth MacSween

“ I have had  
opportunities  
to talk to the  
students.  
The feedback  
was more than  
positive, and  
it triggered  
me to give



Maik Rehfeldt

“We want to make sure residents and students can fully participate and maximize their experience in residency to fully benefit from the training,” says Di Lullo. “If a resident is comfortable and has the right tools, they can focus on what’s important: treating their patients,” she says, adding that both resident and patient benefit when optimal equipment and facilities are available.

Du Val says that the true value of their education from UofT Dentistry only became clear after years of working in their challenging, yet rewarding, oral surgery specialty. “We’ve come to realize the Faculty of Dentistry is far more than a building, faculty, demonstrators or staff. The Faculty is approaching 150 years [and has] launched hundreds of successful careers and provided much-needed care and services to the community, often to those most in need,” he says.

For that reason, the duo, who share a private practice in Montreal and also practice at Montreal’s Jewish General and Santa Cabrini hospitals, have decided to make UofT Dentistry part of their annual giving.

Ultimately, for Du Val and Di Lullo, it’s a question of vision and resources: “I know the school has a vision for where they want to go,” says Di Lullo. “We’ve got the people with all the bright ideas. We just need to get the resources on the ground to make it happen.”

## STUDENT SUPPORT

With their remarkably generous first-time donation of \$200,000, Robert 6T4 and Catherine Corlett are making a profound impact in the lives of students. The Corletts have set up an undergraduate admissions bursary for incoming students, as well as a second bursary that will be available to undergraduates in any year.

Their gift was inspired by Robert Corlett’s experiences in dental school. Robert, who practiced in Woodstock throughout his career, recalls that finances were a struggle throughout his degree. “Making enough money to cover tuition and living expenses during the summer was difficult,” he says. That financial burden has only increased for students over the years.

Over his four years of school, Robert held a number of different summer jobs. One year, he even sailed aboard the C. D. Howe, where he helped care for tubercular Inuit patients being reunited with their families after seeking treatment in the south.

With such life-defining experiences in compassion shaping his career, Robert and his wife felt it was time to give back.

“The school was instrumental in my successful life and career,” says Robert, who adds that he can “sympathize with anyone who needs assistance.” With his gift, he hopes others consider donating as well.



THE UNIVERSITY OF TORONTO FACULTY OF DENTISTRY’S

# GREAT ALUMNI EVENT

UNWIND AND RECONNECT.

We hope to see each other in person on May 7, 2021, to reconnect with friends at Steam Whistle Brewing.

For more information and event updates, visit our website. [dentistry.utoronto.ca/the-great-alumni-event](https://dentistry.utoronto.ca/the-great-alumni-event)

## HONOURING OUTREACH

HANSAmEd Ltd. president and CEO Maik Rehfeldt recently gave a private donation of \$50,000 to the Faculty of Dentistry's student outreach program, where students provide care in both domestic and international settings. As they treat economically vulnerable communities such as Uganda, Guatemala, Honduras and Dominican Republic, students sharpen their skills in hands-on environments that force them to be flexible and improvise. More importantly, students learn about feeling compassion for communities in need.

That's a vital view for anyone entering the dental or medical space, Rehfeldt says. Compassion and philanthropy have been integral pillars of the company he founded in 1996, and have been part of his personal life, too. Being exposed to these kinds of learning experiences from an early age taught him the value of seeing the world from other perspectives.

He wants that same breadth of experience for UofT Dentistry's students. "As a future professional in dentistry, it's helpful to understand what people of lesser means have to go through to obtain dental care," says Rehfeldt.

HANSAmEd has been a valued sponsor for Faculty of Dentistry events for years, as well as a champion of the Faculty's Access to Care Fund, which subsidizes treatments for some

of the Faculty's most vulnerable. This time, Rehfeldt felt it was important to give as an individual.

"Access to care is also an outreach program," says Rehfeldt of his company's previous sponsorships. "I wanted to take it a step further. This gift goes into geographies where, under normal circumstances, dental care would not be available," he adds.

Speaking to students who have gone on those trips showed Rehfeldt just how valuable those experiences have been. "I have had opportunities to talk to the students. The feedback was more than positive, and it triggered me to give," says Rehfeldt, who hopes to see the Faculty's outreach programs expand in the future.

Rehfeldt is also an enthusiastic supporter of domestic opportunities, of which the Faculty has several. One of the longest standing has been in Ontario's far north, where students work at the Weenybayko Area Health Authority, in Moose Factory, Ont. More recently, in 2016, the faculty began a rotation through Volunteer Dental Outreach for Haliburton County, a charity offering free dentistry to low-income adults in central Ontario. "As a UofT graduate in Economics I always valued the important role that this institution plays in the education of people," adds Rehfeldt.

We thank all our donors for their immense generosity. Interested in a giving opportunity? [dentistry.utoronto.ca/ways-to-give](http://dentistry.utoronto.ca/ways-to-give) or [selina.esteves@dentistry.utoronto.ca](mailto:selina.esteves@dentistry.utoronto.ca).



Anne Dale 5T8  
Influencer 2020



Shiva Shadman 9T3 PhD, 0T3 MSc Ortho  
Influencer 2020



Susan Sutherland 8T4  
Influencer 2020

The Faculty of Dentistry Alumni of Influence Award

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INFLUENCER**

For more information, visit our website.  
[dentistry.utoronto.ca/alumni-of-influence-award](http://dentistry.utoronto.ca/alumni-of-influence-award)

# WE REMEMBER...



## ANTONY MELCHER

Professor emeritus Antony Melcher obtained his DDS and master's at the University of the Witwatersrand in Johannesburg before moving to England, where he completed a PhD. In 1968, he accepted a faculty role at UofT Dentistry, staying until his retirement in 1993. He established the Medical Research Council Group in Periodontal Physiology, whose research changed current thinking about periodontal regeneration. He served as associate dean, graduate studies at the Faculty and then as vice-provost, health research. Active in organized dentistry, Melcher served as president of the International Association for Dental Research from 1982–83.

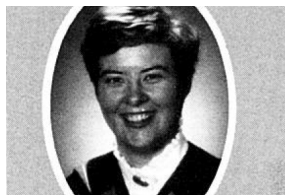
## PIERRE DE GRANDMONT 8T9 DIP PROSTHO

University of Montreal professor Pierre De Grandmont completed his prosthodontic training at UofT and ran a successful Montreal practice. He was director of the postgraduate program in

prosthodontics and also taught undergraduate classes. A renowned expert in removable and implant-supported prosthodontics, he studied the impact of prosthodontics on oral-related quality of life and oral health.

## GERARD YUNG JUI LIN 7T7

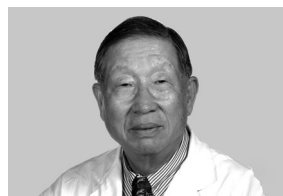
Known to all as Gerry, Lin studied at Johns Hopkins University and Carleton University before completing his MSc in pharmacology at the University of Toronto and then his DDS at the Faculty in 1977. He practised in Toronto and was an instructor of dentistry at the Faculty until his full retirement in 2016.



## SHEILA SMITH 8T6, 9T0 DIP ORTHO, 9T1 MSC ORTHO

Sheila Smith was one of the few female orthodontists in the city in the 1980s. She ran a successful clinic, as well as working for the cleft lip and craniofacial care program at Bloorview Children's Hospital (now Holland Bloorview Kids Rehabilitation Hospital). At the Faculty, she taught in the graduate paediatric and graduate orthodontics

programs for more than 20 years. Active in organized dentistry, Smith was one of the first female presidents of the Ontario Association of Orthodontists and was president-elect of the Canadian Association of Orthodontists.



## DONG SOON YIM

“Walter” Yim became a dentist in Korea in 1959. After completing a fellowship in the U.S., he emigrated to Canada and passed his Dental National Board Exams in 1972. He built a successful practice in Etobicoke and worked in the senior clinic at the Faculty of Dentistry for 35 years. He was known for staying late with students to help them perfect their skills.

## PAUL MORGAN 6T4

Retired oral surgeon and philanthropist Paul Morgan completed his DDS in 1964 and studied at the Mayo Clinic in Rochester, Minn., subsequently joining the staff of the University of Minnesota. A member of Project Hope in 1971 in Jamaica, he returned to Toronto to set up an oral surgery practice and

began supervising in the oral surgery program at Toronto Western Hospital. He served as an instructor in dentistry at the Faculty and students recall him as an encouraging, hands-on educator. Morgan gave generously to various organizations, including to the Faculty. He was given the Governor General's Sovereign's Medal for Volunteers in 2012 for his pro bono work in oral surgery and his philanthropy and volunteer work with Indigenous communities. ■

## WE MOURN THE LOSS

- Douglas Allen 5T7 MSc D
- Bruce Aris 5T9
- Bernard Bassett 6T0
- Barbara Baxter 6T5 Dip Bact DH
- Naim Dallal 6T3
- Brian Denyar 8T2 Dip Paedo
- Lawrence Farrow 6T5
- John Glenny 5T3
- Greta Harper 5T3 Dip DN
- Sharon Hergott 6T4 Dip DH
- Lawrence Hoffman 7T0
- John Hornell 6T3
- James Hurton 5T2
- Ray Knight 4T9
- Helena Milligan 4T7 Dip DN
- Neil Munro 5T5, 6T2 Dip Ortho, 6T5 MSc D
- Wanda Pawlikowski 6T7
- Ruth Rivers 5T3 CDNU
- Peter Rockman 6T6
- Steven Samaroo 0T2
- David Sugden 6T3

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

# UPCOMING EVENTS



Our alumni family and friends are important to us. We're here to keep you connected.

We've planned some exciting virtual events for the fall. Check out the event page on our Dentistry alumni website, and follow us on social media, for event updates.

Interested in news and stories about our alumni community, or want to receive invitations to our webinars and lives events? Subscribe to our newsletter.

[dentistry.utoronto.ca/alumni](https://dentistry.utoronto.ca/alumni)

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Facebook alumni group: <https://www.facebook.com/groups/uoftdentistryalumni>

