

U^{OF}T DENTISTRY

IMPACT OF
NEW BENEFIT

DENTANTICS
TURNS 100

\$1-MILLION GIFT



THE BUSINESS OF DENTISTRY

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Your practice toolkit ► PAGE 14

U^{OF}T DENTISTRY



Illustration by Blair Kelly

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MESSAGE FROM THE INTERIM DEAN

DENTISTRY'S NEW MATH

Dentistry is so many things. Fundamentally, it's essential health care, as oral health reflects and dictates overall health. From a research perspective, innovations in dentistry, oral care and biomaterials have wider applications. But dentistry is also a business, with dental professionals working in private practice needing to navigate market forces while supporting their patients.

The business of dentistry is undergoing numerous changes of late. Competition, inflation, record-keeping, infection control practices and staffing issues are making the task of running a practice more complex. While small dental clinics still represent the bulk of the profession, and most clinics are profitable and rewarding for owners and staff, corporations are getting involved to support dentists. However, dental service organizations (DSOs), while growing across the country, have raised questions.

At the same time, a wider acceptance of the essential nature of dental care is taking hold, especially in Canada. The new, interim Canada Dental Benefit — which you can read about on page 4 — should have a positive impact. Ideally, more patients will be able to access care and dentists will be busier than ever caring for the patients with the most needs.

We chart some of these opposing forces in this special business of dentistry issue, and try to understand how they are impacting dentists and patients.

The business of dentistry
is undergoing numerous
changes of late

It's fitting that the honorees of this year's Alumni of Influence awards have played crucial roles in some of the most positive changes in dentistry. My predecessor, Daniel Haas 7T9, 8T8 PhD, has tirelessly advocated for a greater acknowledgement of dentistry, and has pushed for education and research in the field to garner the same respect. It is my great honour to keep working on, among other projects, two of the strategic directives he helped set forth: fostering wellness in our community and improving equity, diversity and inclusion (EDI) at the Faculty.

Lynn Tomkins 8T1, meanwhile, has accomplished so much in her inspiring career. Now, her advocacy work with the federal government as president of the Canadian Dental Association has yielded profession-changing results. Our emerging honoree Vikram Malhotra 0T9 is very much one to watch. His understanding of dental public health and how cross-industry collaborations and research can change lives promises to be invaluable to those who need dental health care the most.

The economics of dentistry may be shifting, but with the right people involved, it's our hope at the Faculty of Dentistry that those shifts will be positive ones that buoy the good name of this profession and support patients in staying healthier than ever. **■**

INTERIM DEAN LAURA TAM 8T5, 9T3 MSC D

UP FRONT



Photo: Drazen Zigic via iStock

TRACKING THE IMPACT OF THE NEW DENTAL BENEFIT

Dental professionals are observing how the interim Canada Dental Benefit (CDB) could affect them and their patients.

“It’s too early to tell the impacts,” admits Lisa Bentley, president of the Ontario Dental Association, which consulted with the federal government.

Children under age 12 from families with incomes under \$90,000 and who do not have access to private dental insurance are eligible for the CDB as of December 2022. They can receive up to \$650 a year for dental care; \$1,300 over two years.

“It’s important to note that the Canada Dental Benefit is an interim solution,” says Sonica Singhal, graduate program

NEGLECTED NO MORE

director of Dental Public Health at the Faculty of Dentistry. Details of the permanent Canadian Dental Care Plan have yet to be announced, but the government says it will be offered to “all eligible Canadians” by 2025.

Kids covered by public dental benefits, such as Healthy Smiles Ontario, qualify. “This will be great for parents, as anything that is not covered by Healthy Smiles Ontario could be covered under this new benefit,” says Singhal.

Left out are those with employment-based dental insurance, even if they are low income. Faculty of Dentistry research shows that 24 per cent of Canadians who make under \$40,000 and have insurance face financial barriers to accessing dental care; the same goes for 18.5 per cent of those who make under \$60,000.

“This makes it inequitable for the identified target population. Calling it a program for low- and middle-income families would be unfair until the

private insurance clause is removed,” says Singhal. She worries \$650 a year may be insufficient. “Children from low-income families may have higher needs, as they may not have had access to regular dental care.”

Patients apply directly for the CDB — they can see any dentist they like, and dentists avoid administrative

work. “The beauty of this benefit is the simplicity; it does not interfere with the patient-dentist relationship,” says Bentley.

While dentists don’t know who’s applying, Bentley has heard adult patients altering plans for their own care. “We have seen some patients delay treatment because they think that it will be free in two years,” she says, an approach she discourages. “At this point we don’t know what the permanent program will look like.”

St. Catharines-based pediatric dentist Erin Goertzen rT8, 2T2 MSc Paedo says patients have not yet been asking about the program, but she and her staff are spreading the word and encouraging people to apply. “My hope is that if we can educate families about this benefit, we will see it being used to help patients receive the care they need beyond the basics of dental care,” she says.

It may be some time before we know the true impact of national dental benefits, but for now many are hopeful it’ll lead to positive health outcomes. “For the time being, the interim Canada Dental Benefit is a welcome temporary solution, as we await the launch of the new federal dental care program for Canadians,” says Singhal. ■



Photo: Jeff Comber

Joel Rosenbloom (left)

In May, the World Health Organization will vote on the inclusion of devastating disease noma on its list of Neglected Tropical Diseases (NTDs). “This would put noma on the global health map,” says Joel Rosenbloom, assistant professor, teaching stream, and one of the lead organizers of U of T’s Noma Action Group. Its advocacy led to the Canadian minister of health’s office sending a supporting letter for the Nigerian dossier on noma.

Officially becoming an NTD would strengthen existing programs aimed at the eradication of noma. ■

24%

OF CANADIANS WHO MAKE UNDER \$40,000 AND HAVE DENTAL INSURANCE FACE FINANCIAL BARRIERS TO ACCESSING DENTAL CARE

STAY CONNECTED

Stay on top of what’s happening at the Faculty and what your fellow alumni and friends are doing in the community. Ensure we have your current contact info at dentistry.utoronto.ca/alumni/my-services

BUILDING TISSUE VIA GLYCATION

Glycation has a bad rap: this reaction in the body is associated with impairing normal cellular and tissue function. For instance, it may be behind some of the complications of diabetes. However, third-year Dentistry and Institute of Biomedical Engineering PhD candidate Mina Vaez has discovered a potentially positive role for glycation in the body.

She's shown it can be harnessed to help cross-link collagen scaffolds, which can be leveraged for tissue engineering. Her research findings have been published in the prestigious journal *Acta Biomaterialia*.

"There is a need for a better solution to stabilize collagen scaffolds. That's why I decided to explore replicating what is naturally occurring in the human body in my research," says Vaez.

Collagen is the most abundant protein in the body; it stabilizes connective tissue. Collagen scaffolds are a porous network of collagen through which cells can permeate and perform their regenerative functions. These scaffolds offer an important approach for tissue engineering.

This fundamental science research has tremendous clinical applications. Vaez's findings could be applied to dentistry,



Mina Vaez

Photo: Courtesy of Mina Vaez

as the glycation of collagen-based membranes could be used for guided bone regeneration.

Tissue engineering continues to evolve and push boundaries for restoring skin, tendons, cartilage, heart and bone in all parts of the body. "I hope that my findings serve as a foundation for even more clinical applications that can help patients and make an impact," says Vaez. ■

LOBBY MURAL GETS A TOUCH-UP

Dentistry's avid art committee — comprised of 10 faculty, staff and students and chaired by Morris Manolson, interim vice dean, research — runs the annual art show and maintains art pieces owned by the Faculty. The group is now guiding the restoration of the mural in the lobby of 124 Edward St.

The mural's depiction of nature and humanity's capacity to relieve suffering was painted in 1978 by Carmen Cereceda, a former assistant to Diego Rivera. It commemorates Alan Black 6T2, a Holocaust survivor who died while still a young dentist. The restoration aims to maintain the integrity of this iconic work. ■

Photo: Jeff Comber

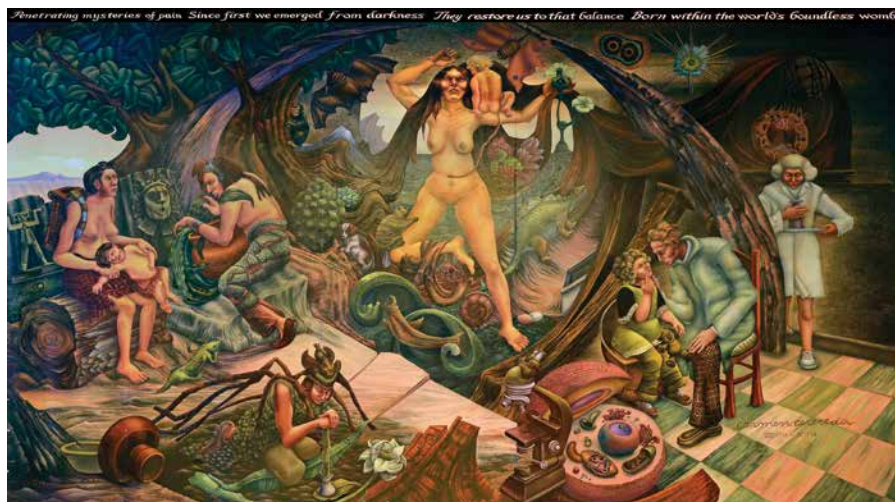




Photo: simarik via iStock

HOW DENTISTS PRESCRIBE OPIOIDS

The opioid public health crisis continues to take and ruin lives. Between April 2020 and March 2022, deaths related to opioid-based drugs soared by 91 per cent in Canada. Dentists are among the top prescribers of opioids.

That's why Amanda Chiu 1T9, third-year dental anaesthesia MSc student, is studying the personal experiences of Ontario general dentists that inform their opioid prescribing practices.

"We hope this research will influence the development of future interventions to reduce the risks of opioids," says Chiu.

"There is existing research from a quantitative perspective done by a U of T research team, but we haven't heard from dentists themselves on why and how opioids are prescribed," says Carilynne Yarascavitch 2T4, 2T8 MSc Anaes, principal investigator of the study.

The research team is interviewing dentists who graduated before 2015 to see if, among other behaviours, dentists use

mitigation tools, practise patient-centred care and offer non-steroidal anti-inflammatory drugs first.

The findings of this research — which should be out in the fall — should help protect patients and contribute to an understanding of opioid prescribing and use. "Every dental patient deserves good pain control, without the risk," says Yarascavitch. ■

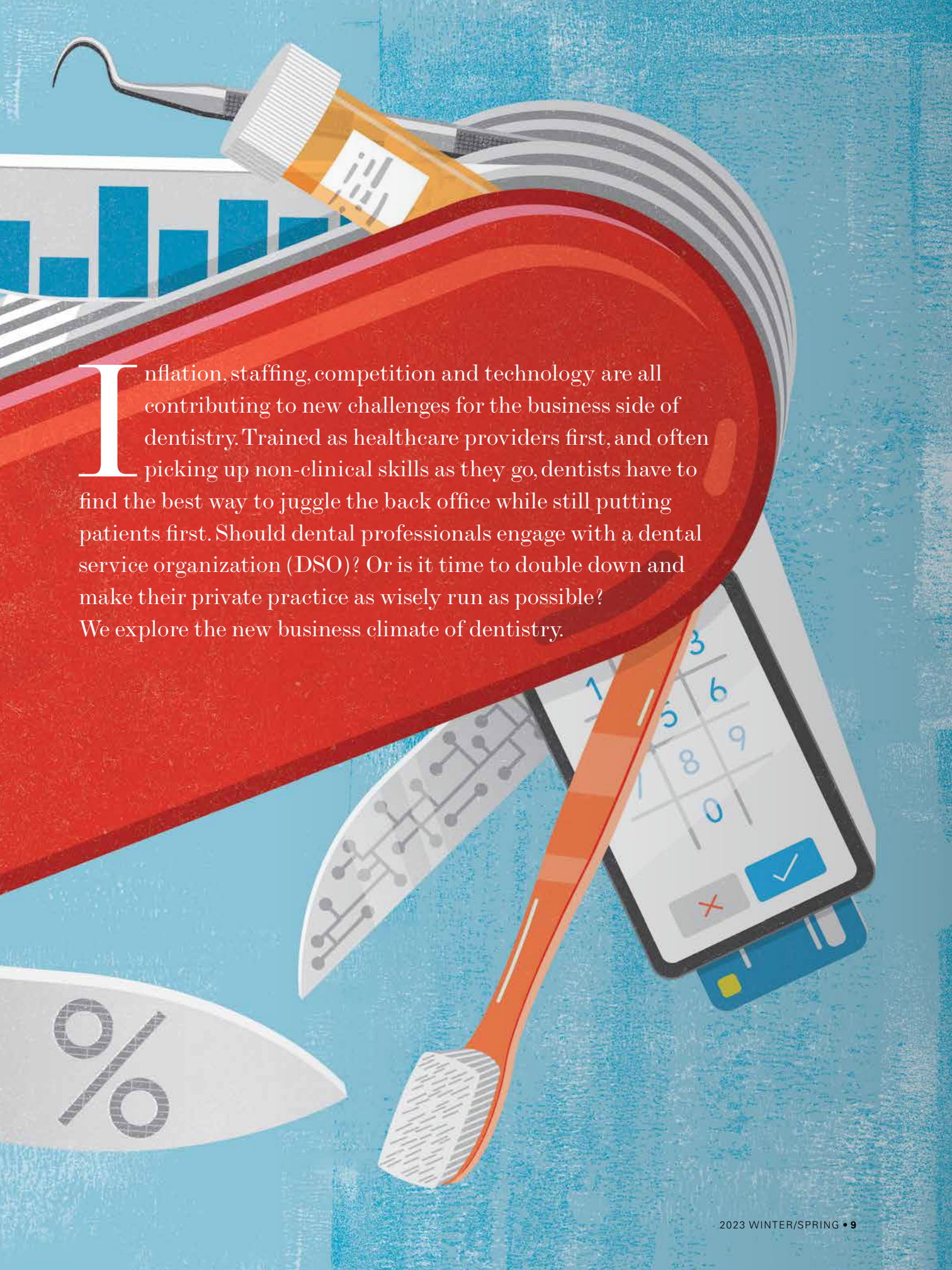
CLASS REUNIONS

If you graduated in a year ending in a 3 or 8, don't miss your class reunion! And, we hope to see you at the Great Alumni Event on May 12 at Steam Whistle Brewing. For information, or if you are interested in organizing your reunion, contact roshaan.hajira@dentistry.utoronto.ca or (416) 864-8203



TAKING CARE *of* BUSINESS

ILLUSTRATION BY BLAIR KELLY



Inflation, staffing, competition and technology are all contributing to new challenges for the business side of dentistry. Trained as healthcare providers first, and often picking up non-clinical skills as they go, dentists have to find the best way to juggle the back office while still putting patients first. Should dental professionals engage with a dental service organization (DSO)? Or is it time to double down and make their private practice as wisely run as possible? We explore the new business climate of dentistry.

THE *incorporation* OF DENTISTRY

Dental service organizations are on the rise. Here's how they're shaping the profession

BY DIANE PETERS

Like most dentists, Deb Banerjee 9T4 was unhappy to be away from work in spring 2020, as she wanted to care for her patients. But she was nowhere near as distraught as some in the profession. “I wasn’t that worried,” she admits. “I didn’t have expenses; I didn’t have rent to pay.” As an associate, she wasn’t responsible for such things, but nor were the practice’s owners alone in dealing with them either.

She works at Altima Dental Centre First Canadian Place, one of the original locations of the dental service organization (DSO) Altima Dental Canada, which is still helmed by George Christodoulou 8T5 and Sven Grail. The large and experienced team at Altima — which merged with 123Dentist in summer 2022 to form the second-largest DSO in the country — was paying the bills, keeping in touch with laid-off staff and tracking emerging safety regulations. When things reopened, Banerjee and the other dentists at the clinic hit the ground running and focused entirely on patients.

While dentists at DSOs don’t have to deal with the business of dentistry, Banerjee understands it. “I know about expenses, depreciation. We’ve learned about the business model, almost from the very beginning,” says Banerjee, who attends Altima’s annual budget meeting and has found other opportunities to learn about the non-clinical sides of dentistry in the nearly 30 years she’s been with the company. (She had a chance to become the owner of the practice a few years ago, but declined, as it wasn’t the right time for her.) Working at a DSO, for Banerjee, offers the perfect blend of being free of the responsibilities of the clinic’s inner workings but also knowing they’re well in hand.

These corporations offer business and administrative support to the dental clinics they own, or own in partnership. All DSOs run with a slightly different business model regarding ownership and sharing profits between clinics and head office. For instance, with Altima and 123Dentist, dentists still own their clinics.



“It gives you an additional layer of support, and that layer is the one that oversees all the non-clinical stuff, the backroom stuff,” says Christodoulou, co-founder of Altima. “I think this is a much more practical model for the dentist and for patients and staff,” he says of the DSO approach.

But the dental profession was built on solo and small practices. Now, DSOs are on the rise in Canada, while they’re already a powerful force in the U.S. “DSOs are coming; they’re already here,” says Faculty professor and former dean Daniel Haas. “How will they change the profession over time? That’s the million-dollar question.” Many worry that they impact quality of care and will change the face of dentistry, putting the industry at risk at a time when it’s finally being recognized as essential health care.

THE RISE OF A NEW MODEL

Both Altima and 123Dentist date back to 1993, each starting as single clinics and then expanding, systematizing and morphing into what we call a DSO today. “I never wanted to create a DSO,” admits Amin Shivji, CEO of 123Dentist, who completed his dental degree at the University of British Columbia before going into practice and developing an affinity for the business side. “I just enjoyed helping dentists do some of the stuff they didn’t like to do, which is basically run the clinic so they could just do dentistry.” Dentalcorp, which dates back to 2011, went public in 2021, raising more than \$950 million, which made it the largest healthcare IPO in Canadian history.

Many smaller DSOs with their own service models have been cropping up, including Canadian Dental Services, which has more than a dozen partner outlets, mainly in Western Canada, and East Coast Dental Group, which runs 16 clinics across the Maritimes.

Christodoulou estimates that DSOs make up five per cent of the Canadian market, while Guy Amini, president of dentalcorp, thinks it’s closer to 6.5 per cent. “There will always be a meaningful slice of the dental professional population that says, ‘I want to be on my own.’ It’s just going to be a smaller proportion over time than it is today,” predicts Amini, who estimates market share could reach 50 per cent in the next 15 to 20 years.

Stateside, more than 10 per cent of dentists were affiliated with a DSO in 2019, with the American Dental Association predicting 100 per cent growth until 2025. A 2022 survey of dental school seniors found 31 per cent who intended to go into private practice planned to join a DSO. Meanwhile, the global market for DSOs is expected to hit US\$684 billion by 2030.

With this growth, perceptions of so-called corporate dentistry have changed. “When we started, people said, ‘What are you doing? You’re cheapening dentistry,’” says Christodoulou, who’s seen views within the profession become more favourable in recent years.

Dave Dunbar, a DDS4 student at U of T and president of the Dental Students’ Society, says he’s seen student views morph over the course of dental school. “Early on, people have a perception of DSOs that I think isn’t complete,” he says. As students realize that the business side of the profession is complex, and after they speak to company reps, they open up. “In fourth year, you start to hear some whisper that they’re considering joining a DSO — but not openly declaring it,” says Dunbar, who notes reservations linger. “They fear that they might lose autonomy or they might have less control if they work with one of these organizations.”

THE DSO PROMISE

Those involved in DSOs argue that the concept has proven successful in other industries. Once, most pharmacists owned their own dispensaries and stores, while today, the majority are owned or operated in partnership with drugstore

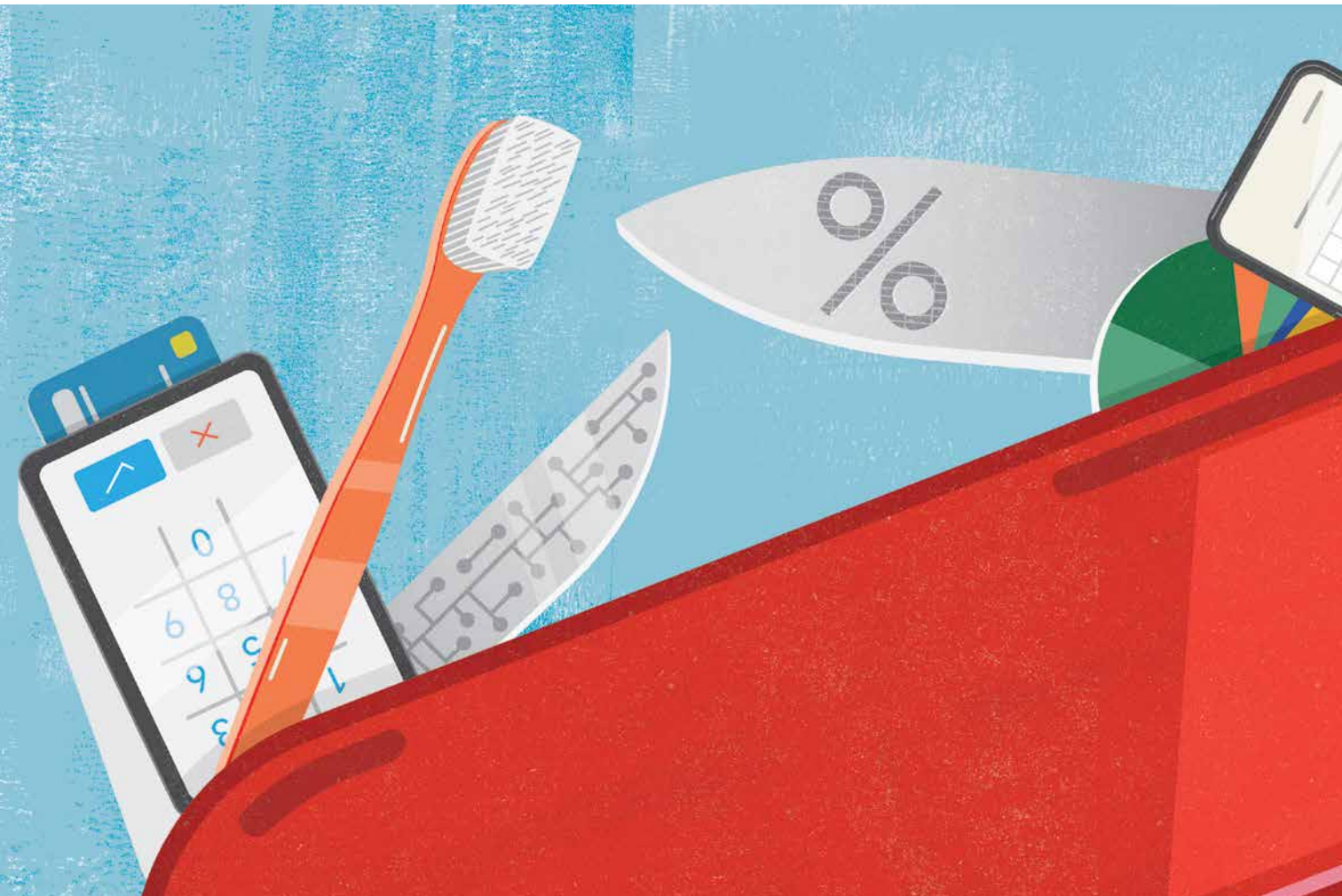
A 2022 survey of dental school seniors found
31 per cent
who intended to go into private practice planned to join a DSO

chains. “When you think of a pharmacist, there’s a literal wall between the pharmaceutical services in the back and the store in the front. In dentistry, there’s no divide,” says Amini.

On a basic level, a DSO lets a dentist be a dentist, and frees their time and energy from non-clinical responsibilities. “If you look at the simplicity of operating a practice 10 years ago compared with today, it’s wildly different,” says Amini. While most dental clinics, no matter who runs them, are generally profitable in Canada, working with a DSO promises to increase a clinic’s chances of truly thriving.

DSO head offices can leverage economies of scale and hire the best in the likes of marketing and finance, plus buy supplies in bulk. Most DSOs form partnerships that give them other perks, including the latest technology. For instance, dentalcorp signed a deal with the dental equipment company Envista in 2022 that gave it access to implant technology and training.

Christodoulou says the DSO model dovetails well with larger practices, which he thinks are better for dentists and patients, as well as the bottom line. “The whole idea of what



“ More and more professionals are going to see the value of what a network can give them

we do is have group practices, so that there are more providers offering as diverse care as possible, giving the best care to patients. You can offer extended hours, convenient locations, specialty care, all in a way that works for patients.”

This collaborative model, where dentists work as a team, and can connect with dentists across the DSO’s wider network, could contribute to lower stress levels. “When dentists start working together, they actually start enjoying dentistry more,” says Shivji.

Amini says collaboration aids dentists at all stages of their career. “More and more professionals are going to see the value of what a network can give them,” he says. Most DSOs offer extensive training, continuing education and mentorship for associates, which Amini argues can happen at any practice, but it’s not guaranteed. “It’s a lottery. If you get a job as an associate, who knows what you’ll get in terms of an owner? Are they going to be dedicated to mentoring? You’re likely going to have to seek your own avenues to postgraduate education.”



The DSOs that retain dentists as clinic owners often enable the buying-in process. Shijvi says 123Dentist has relationships with many major Canadian banks and supports dentists in landing full financing. Individual buyers can do all of this on their own, too. “The difference is, they’re taking 100 per cent of the risk. If things hit the fan, they’re on their own,” he says.

Meanwhile, DSOs offer an appealing exit strategy for mid- or late-career dentists. “You get a huge payout but you often retain a certain percentage of equity in the new organization,” says Henry Doyle, president of Vancouver-based brokerage Heaps & Doyle. For those who own large group practices, a DSO might be the only party able to deal with the cost and responsibility of taking over.

LINGERING CONCERNS

As DSOs become a rising force in the Canadian dental community, many continue to worry about the model. Doyle says

some of his clients looking to sell stipulate that they do not want to sell to a corporation.

This is what David Cowan 6T2 did when he sold his practice in Toronto four years ago. “I want a really good, caring dentist. I’m not interested in a corporation,” the longtime assistant professor at the Faculty of Dentistry told his broker. “Even if they paid me four times as much, I wasn’t interested.” (It worked, he still goes to the dentist who took over his practice and personally escorts his elderly aunt to her as well.)

Indeed, many DSOs will purchase clinics at roughly double the conventional rate, confirms Doyle. Asking prices have dropped with high interest rates and inflation, but these companies still offer significantly more than individual dentists who are buying.

Cowan has heard from former students that young associates at these companies may be under pressure to treat as many patients as possible, and upsell treatments. “They have to produce, produce, produce,” notes Cowan. He says his contacts at the Royal College of Dental Surgeons of Ontario (RCDSO) say heavy financial pressures among young dentists overall are leading to more complaints.

Lionel Lenkinski 7T9, a practising endodontist in Toronto and executive director and CEO of the Canadian Dental Protective Association, says he’s overwhelmed with work at the latter, supporting mainly young dentists dealing with patient complaints — many work for DSOs or multiple practice groups, or are itinerant practitioners. He says some of these companies give productivity bonuses, while some have the principal dentist making diagnoses from scans while the associate does the treatment. “That may seem fine, but at the end of the day, you’re going to be liable,” he says. He notes that both approaches could lead to overtreatment, problems with record-keeping and patient communication, any of which can trigger a complaint.

RCDSO numbers from 2017 show complaints nearly doubling over a decade. It’s not clear if more complaints are related to practices’ affiliation with corporate dentistry or not. “There are a lot of economic pressures,” says Lenkinski.

He says there’s nothing wrong with the basics of the DSO model. “They’re all different,” he says. “They’re not all good, they’re not all bad.” Dunbar thinks his fellow students should look deeply but critically at the DSOs courting them. “There are pros and cons to whichever path you take. These companies have a lot of benefits. Students should put the effort into understanding all that’s being offered.”

The likes of Haas say a healthy future for dentistry — which inevitably includes DSOs — is going to be about professionals staying focused on the basics: putting patients first and money second. Meanwhile, instead of dismissing DSOs, it’s important to engage with them, understand them and make sure legislation and professional rules stay relevant. “Change is hard,” says Haas. “We need to shape change, not stop it.” ■

SOARING *solo*

How independent dental offices
(and their patients) can thrive in an
evolving business environment

BY MICHAEL MCCULLOUGH



Hanging out your own shingle and treating loyal patients on your terms is the holy grail of dentistry, one that draws many to the profession and keeps them there for long, satisfying careers.

“There is an opportunity for someone to realize their vision of what good dentistry looks like and what good business looks like as well,” says James Younger D19, a practising dentist and CEO of dental temping and hiring service TempStars.

Many patients prefer the familiarity of small dental offices, and some will stick with the dentist that treated them as a child, and then bring their own kids in for their first checkups. Hygienists, dental assistants and other support staff often prefer to work for solo or at dual dentist practices, becoming part of the family themselves.

But the business of dentistry is changing. Small dental practices may be the backbone of dental care in Canada, but it can be challenging to run them in many parts of the country.

Still, dentists who work hard make a good income, and more than 90 per cent of dental offices are profitable, according to Industry Canada. But while some offices bring in as little as \$30,000, some earn \$5 million. That’s before paying staff and the rent: expenses for dental practices ran around 65 per cent of revenue in 2021 according to government data.

So, how can a solo dentist keep their practice not just moderately profitable, but truly financially successful, smoothly run and at a low stress level for themselves and their teams? They need to double down on both the best care possible and exploring wise business strategies that can help max out the practice’s potential. We looked to business-savvy working dentists, office managers and consultants to find out how private practices can best survive and succeed.

KNOW THY (BUSINESS) SELF

Independent practitioners today graduate dental school with limited training in business. For many in the profession, at least until recently, that was sufficient to get them started as associates observing non-clinical functions at arm’s length



and then learning as they went when they launched their own practices a few years later.

Today, there's more competition for patients, especially in cities like Toronto. The costs of running a clinic have ballooned, with inflation hitting dental materials, personal protective equipment and salaries, while buying a practice is more expensive than ever. Anyone who's had to borrow at today's higher interest rates, meanwhile, is dealing with a real crunch. As a result of increased costs all around, clinics need a higher level of performance than they did in the past.

"The margins have become so critically thin that there's no runway for not running your practice efficiently," says Shervin Rowshani rTo, president and founder of Muskoka Dental Group in Huntsville.

Rowshani is unique in that he has an executive MBA from U of T's Rotman School of Management in addition to his DDS. While he doesn't consider a business degree necessary for every independent practitioner, he thinks today's dentists need to read books, attend courses and seek out advice on business and leadership. Sure, you can hire a

manager to run the non-dental aspects of the business — along with must-have support that includes an accountant, lawyer, investment advisor and insurance broker — but how are you going to tell if they're doing a good job? The owner of the practice still has to learn the basics and know when and how to make changes when one part of the business machine may be faltering.

That does not mean every dentist has to be great at it all. "We need to know ourselves," Rowshani says. He says dentists should know what they're good at and what they're not and find somebody else to do the "not" parts, which could entail hiring more support, or partnering up with another dentist with complementary skills.

GET HR SAVVY


"At this juncture, the biggest challenge for a solo practice or even larger operations is staffing," says Rowshani, who was forced to combine three clinics into two after losing several staff to retirement, relocation and career changes at the start of the COVID-19 pandemic. In small communities, just finding people with the necessary skills can be a struggle. In cities and suburbs, retention is more of an issue; people in these areas have numerous employment options.

"Any job that requires in-person work that can't be done remotely is hard to fill," says Younger. There was a surplus of hygienists and assistants 15 years ago, he says, but "the job

“ There is an opportunity for someone to realize their vision of what good dentistry looks like and what good business looks like as well

market cycle has reversed." Dental workers are fielding offers from non-dental employers on enticing terms. It's important, therefore, to pay competitive wages and provide a healthy, professional, values-based work culture.

Even then, it takes leadership to get employees to work together toward a common goal on matters as simple as covering for sick colleagues and agreeing on holiday times, says Janice Mummery 8T2, owner of the Princeview Dental Group in Toronto. She's found it important to provide clear expectations on job descriptions and have employment contracts reviewed by a lawyer.



Know what you're good at and what you're not and find somebody else to do the "not" parts, which could entail hiring more support, or partnering up with another dentist with complementary skills

And if things don't work out? "When someone is pulling the team down you need to cut your ties and pay severance. Contact an employment lawyer to go by the book," says Brinda Dixit, who manages the practice of her husband, Goldie Dixit 9T9, in Smiths Falls, Ont.

LOVE THE NUMBERS

"You can delegate or outsource your financial functions, but ultimately, it's your name on the door and the buck stops with you. You should have an idea of what percentage of your expenses are spent on payroll, rent, interest, materials and your own salary," Rowshani says. See how your expenses compare with the national average, available on Industry Canada's website. (For instance, labour and commissions make up the largest expense, at an average of \$191,200 a year.) Know your average revenue per patient and your net rate of patient acquisition/loss. If the mix is off target, seek advice from colleagues and

guidance from an accountant and other professionals. They may help you find a solution that does not impact the quality of patient care, which will always remain your top priority, all numbers aside.

Sitting down with the bookkeeper, "my eyes would glaze over," Younger recalls from his early years running his own practice. But you need to pay attention, because you can't expect your early growth trajectory to be maintained for years on end. "A lot of dentists keep biting off more of the profits," and could end up pressuring their teams to maintain growth during a downturn, he says.

PRIORITIZE NEW PATIENTS

When you buy a practice, you can expect 10 per cent of the patients to find a new dentist, Rowshani says. And on an ongoing basis, there is attrition as patients move, form new family units or pass away. So you have to think about where your new patients are going to come from. According to an *Oral Health* column by Wayne Lavery, CEO of Haliburton-based dental marketing company Patient News, a solo dentist requires 24 to 50 new patients per month to achieve consistent growth.

Increasingly, many dental offices rely on social media to complement referrals from patients and other practitioners. "Word of mouth is the best advertisement," says Dixit, favouring community involvement as a rewarding way for the dental team to get out in the community but also attract new patients. She concedes that every practice needs a well-designed and easily navigable website not just to gain new patients, but to also keep existing ones informed.

INVEST IN TECH

Patients have expectations around technology in the dental office. It's a cost centre that's impacting profitability for some. "Invest in tech tools that make it easy to book appointments and pay for services," Rowshani advises. This means having up-to-date practice management software. In a survey by U.S. market research firm NexHealth, independent dentists and practice owners ranked security and reliability, ease of implementation and management, excellent customer service and integration with other software tools as the most important features of these systems.

Then there's the array of treatment-related devices patients are getting used to, starting with intraoral cameras and digital radiography, along with 3D printing and laser technology. As well, more dentists are investing in artificial intelligence for patient interactions and telehealth/live video, plus there are emerging applications such as geofencing, gamification, and augmented and virtual reality. How advanced you want to be in these areas is a judgment call that needs to take into account patient expectations and return on investment. Know that the profession is increasingly leaning into these advances;

what seems like bells and whistles today will be standard amenities in a few years.

PLOT YOUR EXIT

A well-run practice will accumulate equity over the years so you should be able to sell it for a good price when the time comes. However, many dentists in the late stages of their careers lack the energy to keep up their hours, attract new patients and reinvest in the clinic.

“If your plan is to sell, you need to keep working to maintain the patient flow and income level of the practice. If you cut back, the value of the practice will diminish,” Mummery says. “You need to be consistent in your work and not reduce your effort to grow and keep up the production level. If you don’t want to do this, then maybe it is time to stop being the owner of a dental practice.” Allowing the clinic to gradually wind down, meanwhile, could affect the livelihood of longtime staff.

“One solution to this dilemma is to sell the practice early then continue to work for the new owners as an associate, a role that can allow you to work fewer hours,” says Mummery. No matter when and how you plan to move on, she recommends planning ahead for succession — which might entail

targeting a younger associate to take over, working with a broker to find a buyer or speaking to a dental service organization (DSO) — and getting a valuation done at least five years before you intend to sell. This will give you time to ready the practice for a transition. As well, if you need to make an emergency exit because of your health or other reasons, the stage will be set to trigger a quick sale.

STAY POSITIVE

The advantage of running your own practice is that you’re the boss. You ultimately decide who you get to work with, what services you offer, the hours, the location and the clinic’s culture. “Your cash flow is instantaneous,” notes Dixit. “You can see the fruits of your hard work in both patient satisfaction and revenue in real time,” she says.

Carving out a dental career you can truly call your own takes a personal investment — you can expect to spend 40 per cent of your day on tasks other than dentistry. Healthy, loyal patients, a satisfied staff and work that has meaning is your reward. “We’re asking one person or maybe a small group of partners to wear all these hats. I can speak from experience, it does become tiring,” says Rowshani. “Tiring, but rewarding.”

The University of Toronto Faculty of Dentistry's

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uoft.me/greatalumni



Degrees in INNOVATION



RYAN NOH 1T9, 2T2
MSc PERIO



NAWFAL AL-HASHIMI 2T2
MSc ENDO



NAHRAIN WARDA 2T2
MScD

Meet three graduate students pushing themselves scientifically and creatively

Students come to the Faculty of Dentistry for an advanced degree for many reasons. Here are three who worked through their master's of science with an eye to doing something new — and they did.

RYAN NOH

Even before he looked to becoming a dentist and then a periodontist, Ryan Noh knew he liked to draw. “I did a lot of arts and

crafts when I was growing up,” say Noh, who was raised by artists and was drawn to the artistic and creative side of dentistry.

“Periodontics took that to a different level, because of the meticulous nature of the work. That’s why I went into surgery, and part of the reason why I’m working part time as a dental illustrator,” he explains.

Noh got into dental illustration by accident, when a colleague asked him a question about a surgical procedure. “Because I’m

Photos: Jeff Comber

CONGRATULATIONS FALL 2022 GRADS!

DDS

Jae Min Park
Nataliya Yavorska

SPECIALTY GRADS

Mona Mohamed Gad
Abdelrehim, MSc DPH

Mahmood Mohammad Suhail M.
Abu Ruja', MSc Prosthodontics
Musfer Ali M. Aldossri, PhD DPH
Najm Mohsen Alfrisany, PhD
Nawfal Al-Hashimi, MSc Endo
Lulwah Alreshaid, PhD

Rana Badewy, PhD DPH
Hsuan-Yin Rosemary Chu,
MSc Prosthodontics
Christopher John Dare,
MSc Perio
Jessie Fuoco, MSc Ortho

Cameron Glenn-Franklin
Goertzen, MScD
Erin Olga May Goertzen,
MSc Paedodontics
Jinyoung Jang, MSc Ortho
Justin Kierce, MSc OMFS

a visual learner, I drew a picture of how to do the procedure,” says Noh. The colleague suggested he publish it to Instagram.

The more he posted, the more followers wanted to see his work. “I’m almost at 10,000,” says Noh (his handle is @hard-palette). Clinicians and researchers have been reaching out to work with him, attracted by his talent and familiarity with dental topics. “It’s easier and faster for them to work with an illustrator that works in the same field,” he says. These new relationships have resulted in a range of projects. Recently, for instance, he illustrated a textbook for Dentistry professor Douglas Deporter and his work appeared on the front page of *Clinical Advances in Periodontics*.

Along with keeping busy at his periodontic practice in Waterloo and doing illustration on the side, Noh is now assistant professor, teaching stream, and serves as director of undergraduate periodontics. Having enjoyed his experience as a student, Noh continues to do so as a faculty member. “The people in the periodontics program drew me to this Faculty. I hope I can influence and help others during my time here as well.”

NAWFAL AL-HASHIMI

For Nawfal Al-Hashimi earning a master’s in endodontics was the next step in an already established dental career. He first obtained his dental degree 20 years ago at the University of Baghdad in Iraq, then served as a clinical instructor and completed a master’s in conservative dentistry. He then did a PhD in molecular biology in France, which ignited his passion for research.

After finishing that degree, he immigrated to Canada to join his family, and did postdoctoral work at the Faculty with professor Bernhard Ganss and then requalified as a dentist at the University of Manitoba. He practised as a general dentist for nearly eight years; then his love for academic life drew him back. “My passion for school has been there for a long time. So even though I had an established practice, I set off to continue my education.”

For his master’s degree, Al-Hashimi returned to Ganss’ lab to explore regenerative endodontics, and the challenge of regenerating a tooth’s nerve rather than the current practice of removing and replacing it with artificial materials. While the

research is in the early stages, his technique to regenerate the nerve shows promising preliminary results.

As well, during his degree, Al-Hashimi worked on developing a new endodontic tool to aid in root canal preparation. With guidance from Ganss, he secured a cross-collaboration with U of T’s Faculty of Applied Science & Engineering, and the instrument is now moving toward prototype. “Maybe this instrument will be more efficient for root canal treatment than previous tools,” he says.

Al-Hashimi has seen how many schools around the world function, and says one thing that impresses him about U of T’s Faculty of Dentistry is the collaborative environment. “It’s one of the best schools for allowing students to work in multiple labs, but all together, so there’s always people around to help you with different techniques,” he says.

NAHRAIN WARDA

Dental researchers have a lot of questions about the healing of tissues around implants. They’re difficult to answer, since few staining techniques work on resin-embedded tissue samples, making the healing process difficult to observe under the microscope. Nahrain Warda may have cracked the code of how to make it possible to see the tissue.

“One of the biggest obstacles in the bone biology field was preparing histological sections that contain titanium implants placed in bone. The technique was always kind of alluded to in the literature, but always disclaimed as something impossible. After countless trial and error, we actually managed to make it work,” she says of her research in professor John Davies’ lab. Beyond dentistry, the technique can find applications in orthopedic surgery and other fields, too.

Warda chose to study in the Faculty of Dentistry after completing an undergraduate degree in cell and molecular biology because of the presence of dental researchers willing to support her endeavours. “I was surrounded by people who were experts in our field. Anytime I had a question, whether it was dental or biological, I knew I was asking the right people,” she recalls.

Next stop for her: applying to medical school. Like many of the most engaged grads from fall 2022, she’s keen to keep learning. ■

Jia Lin Liu, MSc Ortho
Harshdeep Mangat, MSc OMFS
Leah Anne Mender, MSc Paedo
Zahra Dorna Mojdami, PhD DPH
Sina Moshiri, MScD
Mehrnosh Neshatian, PhD

Kester Frederick, Ng MSc OR
Ryan Noh, MSc Perio
Shahrzad Nouri, PhD
Sichul Park, MSc Prosthodontics
Shawn Michael Robinson,
MSc Prosthodontics

Ayala Yocheved Rubin,
MSc Paedo
Sher Shah Shahab, MSc Prosthodontics
Christine Patricia Teed,
MSc Endo
Michael Tiedemann, MSc Endo

Christopher Kevin Bluhm Ward,
MSc OMFS
Nahrain Warda, MSc
Binchen Yao, MSc

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

A CENTURY OF DENTANTICS

Dentantics is a hundred years old. Alumni remember the songs, skits and camaraderie

In fall 1920, Gordon Agnew 2T1 had an idea for a “Dental Stunt Night.” He put together Dentantics the following spring, in March 1921 — the name came courtesy of J. C. Foote 2T4. “We originated Dentantics as a musical and dramatic production to form a good healthy evening’s entertainment, something that would be a unifying factor in the Faculty, and something that everyone would remember for years,” he said in an interview later.

The first act of that first show — which 1,500 attended at Convocation Hall, a huge deal since the Varsity hockey team was playing a pivotal game, scores from which were shared between acts — was the Whiz Bang Symphony Orchestra.

Dentantics veteran Lynn Tomkins thinks it made sense that post-war dental students first built the event. (The Whiz Bang class of 2T3 was the most famous post-war class, and were so nicknamed for the sound of war shells.) “The Whiz Bangers were grateful to be alive and wanted to get on with life and living and they showed it in their influence on varsity, athletics and camaraderie,” says Tomkins. Her uncle, Pat Beattie 2T4, was a post-war DDS student.

As the decades passed, the show kept finding relevance and laughs. Sid Golden 5T6 wrote original songs and performed them as a student and produced the show in 2000 when he

was an assistant professor. “It allows people to have a diversity from dentistry,” says Golden.

A music and theatre lover who took up sculpture professionally after retiring as a periodontist, Golden says Dentantics kept him inspired during dental school. “For me, it was a wonderful outlet for my creativity.”

Carilynne Yarascavitch directed the March 2003 edition — it’s a long-standing tradition for the DDS3 class to take the lead, and the show to run just after board exams, so DDS4 students can just watch or put on a few skits.

“It was the one of my favourite parts of Dentistry,” recalls Yarascavitch, now assistant professor, teaching stream. The hidden talents of her classmates impressed her — not just the actors and singers, but those who took pictures and laid out the program.



Photo: Jeff Comber on behalf of the Dentistry Library

She clearly has talent herself, as she crooned *Somewhere Over the Face Bow* playing Dorothy in her all-class production of *The Wizard of Floss*, using some lyrics Tomkins shared from her own era. Even the busiest students from Yarascavitch's class came out for the two well-attended shows at Hart House Theatre to play Munchkins.

For the three years, Susie Son 2Ti contributed to Dentantics via playing keyboards in the Buccal Pit Band and flute in the orchestra. She bonded with classmates, but also met students from other cohorts. "Our class is small, but when it comes to Dentantics, we're all one big class." She's found those ahead of her in the profession helpful when she's needed career advice.

While the earliest editions of the show featured projected slides between acts, now, students record videos in advance. (Check out the Dentantics Night Live YouTube channel.) Fortunately, as well, students taped the dress rehearsal of the 2020 edition. Since the live edition was shut down just hours before curtain time, all this recorded material provided content for a teleconferenced version students hosted later.

Dentantics hit the stage once again at the Isabel Bader Theatre in early March with a multimedia event that acknowledged 100 years of dental puns, and the hard work and creativity that will surely bring the event a bright future. "I think it's one of the best traditions our Faculty has to offer," says Yarascavitch. "It's something I hope will continue for another 100 years." ☺

COUNTING TO A HUNDRED

If it's been a century of Dentantics, we should be at the 100th show by now, right? Performances took an unexplained break for four years between 1959 and 1962 and a very understandable pause for 2021 and 2022. So, the March 2023 show marks the 97th edition of the show. For the 100th edition we all have to wait until 2026.

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

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UNIVERSITY OF TORONTO FACULTY OF DENTISTRY

RAISING THE BAR

The three recipients of the 2023 Alumni of Influence Awards have some key qualities in common. A shared passion for the dentistry profession, certainly, but also a fierce dedication to giving back. Be inspired by these three leaders who have helped create meaningful change. Whether through teaching, research, university building, government relations or expanding access to dental care, these three honourees have enhanced the credibility and momentum of dentistry in Canada.

BY LISA MURPHY PHOTOGRAPHY BY STEF & ETHAN





DANIEL HAAS

Daniel Haas can still recall how it felt to be a new dentistry graduate 44 years ago. He had no idea, back then, that he'd go on to become an internationally renowned expert in dental anaesthesia, an award-winning researcher, professor and dean of the U of T Faculty of Dentistry. Yet, his modesty remains today. "If anything of note was accomplished during my tenure as dean, it was only because of the great people around me," he says.

Haas' career boasts an extensive list of notable achievements, such as heading up the graduate specialty program in dental anaesthesia from 1998 to 2013, holding the Arthur Zwingenberger Decanal Chair and earning numerous accolades, including the Horace Wells Award from the International Federation of Dental Anesthesiology Societies in 2018, the only Canadian to do so. (He's the only Canadian to earn three other distinguished international awards, too.)

His passion for building a positive culture and improved facilities to help students, educators and researchers meet their potential defined his legacy as dean. In that role, Haas spearheaded a faculty restructuring, the creation of a strategic plan and the phased modernization of 124 Edward St., in lieu of a costly new build, so that clinical, teaching and research programs could continue. Those plans also led to the opening of the Faculty's state-of-the-art satellite clinic. During the early months of the pandemic, Haas negotiated to get Faculty clinics re-opened quickly and safely.

"Our clinics provide care for over 15,000 patients — many of whom have difficulty accessing care elsewhere — and students who need to train in-person," explains Haas, who skillfully articulated on campus and beyond that dental care is essential health care.

Even on his current administrative leave, Haas is still teaching and working on examination boards. His advice to those new to dentistry: "Keep learning," he says. "That is one of the reasons that dentistry is such a great profession — it continues to evolve and advance, and we evolve and advance with it."

LYNN TOMKINS

It's been an immensely busy and exciting time for Lynn Tomkins. As president of the Canadian Dental Association (CDA), she participated in the shaping of the new Canada Dental Benefit throughout 2022. "We've been in Ottawa to meet with the minister and MPs, and to participate in senate committee and ad hoc committee hearings," she says. "Finally, oral and dental health are getting the profile they deserve from the government."

Tomkins' career deserves high praise, too. In addition to building a successful private practice in Toronto, she has served on countless boards and associations to advance the profession and the oral health of Canadians, plus she's an award-winning teacher in U of T's Department of Oral and Maxillofacial Pathology and Oral Medicine. Yet she doesn't stand on ceremony. "Dr. Tomkins is always genuinely happy to see students in clinic — she gives you a sense of belonging," says former student Emel Arat oTo, now assistant professor, teaching stream, at U of T. "I always keep her welcoming and inclusive approach in mind when I interact with my students."

Having served as the third female president of the Ontario

Dental Association and now the second female CDA president, Tomkins' passion for diversity is evident. "I've seen tremendous change," she says. "But we still need to focus on creating an even more welcoming environment for people of all genders and backgrounds."

Tomkins believes that there's no better time for dentistry students to consider how they can serve, either through organized dentistry or teaching. "Dental schools — who rely on part-time clinical instructors — are the backbone of the profession," she says.

A true renaissance woman, Tomkins spends her downtime savouring Shakespeare and exploring Canada's most remote national parks with her husband, Daniel Kmiecik 8T1. She also fits in fulfilling her duties as an associate member of the senate of the Queen's Own Rifles of Canada.

Her love of dentistry reflects a similar, wide-ranging curiosity. "Dentistry is about evidence-based treatment, medicine, engineering, psychology, human resources, business management, and it's also a social and surgical art," she says. "I'm tremendously proud of the dental profession."



VIKRAM MALHOTRA

Vikram Malhotra had goose bumps. He was in dental school when renowned dental public health researcher and advocate James Leake 6T6, 6T9 Dip DPH, 7T8 MScD explained the dichotomy of access to care. “He shared Julian Tudor Hart’s ‘inverse care law’; that those who need care the most are often least able to access care,” says Malhotra. “I really took that to heart.”

Malhotra was inspired to make a difference from the start, initially working in northern and Indigenous communities, and then with a Toronto company offering dentistry to long-term care residents. He also volunteered with organizations offering care to low-income adults. Today, in a job that could not suit him better, he works toward achieving more accessible and equitable oral health care as dental manager at Toronto Public Health (TPH).

In this role, he helped earn a large capital funding envelope from the Ontario Seniors Dental Care Program to open new clinics and create a long-term care dental program.

Malhotra lights up when he talks about the potential of dental public health — in synergy with private practices and universities — to help improve access for marginalized communities, reassess current models and expand research on minimally invasive dentistry, teledentistry and mobile dentistry. “It’s about holistic and compassionate care that improves quality of life,” says Malhotra, who leads TPH’s Infection Control and Prevention portfolio. As well, he both proposed and now heads its Research and Program Development portfolio.

His vital role in keeping TPH dental clinics open during the pandemic, while intense, also buoyed his optimism about the rising recognition of the essential value of dentistry. “The pandemic revealed the depth of dentists’ professionalism and our willingness to be partners within public health and the larger healthcare system,” he says.

Malhotra hopes more new DDS graduates and young dentists will see public health as a fulfilling career path, as he has. “It’s a really exciting time,” he says. “As dentists we have a lot of power, so we also have a lot of responsibility.” ■



“The pandemic revealed the depth of dentists’ professionalism and our willingness to be partners within public health and the larger healthcare system



DEFY GRAVITY



GAME CHANGER

Arthur Zwingenberger makes a \$1-million gift to the Faculty

University of Toronto grad Arthur Zwingenberger, former chair of SciCan, has made a historic gift to the Faculty of Dentistry through a generous, \$1-million donation.

“Arthur has made the largest-ever, in-life individual gift to U of T Dentistry, and we’re deeply, deeply grateful for his generosity,” says Laura Tam, interim dean of the Faculty.

The funds are earmarked for Faculty renovations, starting with Lab 4, the simulation lab where pre-clinical students in first and second year learn basic dental technical skills. The facility was originally built in 1959 and still featured original wood cabinets before it was demolished recently.

“In the highly sophisticated technological environment needed for excellent dentistry today, up-to-date and forward-looking infrastructure is imperative,” says Zwingenberger.

“U of T, in my eyes, is the pre-eminent university in Canada. This excellence requires constant investment in human and physical capital. I am sure that many other U of T alumni will be keen to join me in this important effort. Not keeping pace with required updates can put the excellence of the program at risk.”

The renovation of the lab is now underway. Students are learning in a temporary simulation lab set up in Clinic 2, which was vacated during 2020 pandemic shutdowns and when the Faculty opened the 777 Bay St. clinic site. With the help of Zwingenberger’s gift, a state-of-the-art facility will be ready for student use as early as fall 2023.

Zwingenberger built his career on a commitment to innovation. The double U of T grad, who completed a BA in 1963 and

Photo: Courtesy of Arthur Zwingenberger



Rendering of
the new sim lab

Rendering courtesy of Montgomery Sisam Architects Inc.

an MA in 1965, took over his father's medical import company, SciCan, in 1975. The 25-year-old company needed to stay relevant to survive, so Zwingenberger invested in research and development and his team came up with the novel STATIM quick autoclave, a sterilization system that became a vital piece of infrastructure for dental practices. It propelled SciCan into a leading position in the Canadian and international dental markets.

When complete, the updated sim lab will have 124 stations, be equipped for modern infection control and have the latest delivery system for handpieces and other equipment, and include, for the first time, a computerized chart and X-ray system. It'll include the latest in-patient stimulators, a mannequin-like head and equipment setup that gives students a more accurate feel for what it's like to work on live patients.

“In the highly sophisticated technological environment needed for excellent dentistry today, up-to-date and forward-looking infrastructure is imperative

Tam agrees that access to the latest technology matters for students. “Dentistry is a dynamic field; our students must graduate fully qualified for the techniques and technologies of today and tomorrow,” she says. “Arthur’s gift enables this, and through support for strong dental education, also helps ensure a robust dental profession into the future.”



Jack and Jan Gerrow

Photo: Stef & Ethan

INVESTING IN ACADEMICS

A teaching veteran understands the value of facilities

Jack Gerrow 7T9 has had a long career that's involved spending time at dental schools across the country and around the world. He was a faculty member at Dalhousie University for 30 years and served as an instructor at U of T after graduation, and has been an adjunct professor since 2017. As well, he worked with the National Dental Examining Board of Canada for 24 years.

He knows how much students need the best facilities to polish their skills. "What's really important for novice learners is to observe an expert do something," he says. That's more challenging in crowded and older clinical teaching environments.

However, a newly updated space benefits everyone. "The students are proud and the instructors are more effective," he says. He's noticed this at the new satellite clinic at 777 Bay St., which patients of the Faculty also appreciate.

That's why he and his wife, Jan, have made a commitment to top up the money they've already given to the Faculty to \$100,000 over the next five years, and earmarked that money for renovations and building renewal. Jack previously organized giving campaigns as part of his 35th and 40th reunions, and last year gave to the dean's fund. But this new commitment gives the couple a goal, and some guidance for their giving overall.

"One thing a friend of mine would say to me was, you should give until it feels good, but not until it hurts," says Jack. "Bringing us up to a lifetime gift of \$100,000 over the next five years felt really good."

The Gerrows have made the same commitment to Dalhousie. Jan, meanwhile, who is a retired physiotherapist who graduated from U of T in 1977, donates to organizations in the Ottawa area, where they live, that support the homeless.

She's highly supportive of giving to dental schools and grateful for what the profession has provided them. "Dentistry has allowed our family to have a very rewarding life and lifestyle."

With their gift, the Gerrows are naming an operatory at the Faculty and hoping to entice others to make a donation, too.

Giving matters to dental schools more than ever, and Gerrow worries many might not understand that. "The culture in Canada used to be that the government meaningfully looked after universities. Back when I went to school, few people donated to universities," he says. "But there's a cultural change we're going through." As governments offer more limited funds to academia, philanthropy is becoming increasingly important.

"For students to learn as effectively as possible and for dental schools to show the most polished face they can to the public, teaching clinics need investments," says Jack. "I know my classmates and friends from decades ago are in a position to give back and I sincerely hope many will help the Faculty deliver on its mission to keep training excellent professionals and serving the community." ■



WELL-PLANNED

Jaideep Lal is giving through a planned gift

Jaideep Lal 8T2 and his wife, Tazim, have made a planned gift of \$100,000 to the Faculty of Dentistry.

"My wife and I are both immigrants. We came to Canada and have found successful careers here. Because we have, we give," says Lal of the life insurance policy the pair purchased that is earmarked for charity. The policy names both the Faculty and the Ottawa Heart Institute as beneficiaries. This approach to a planned gift allows them to give after their deaths without their estates incurring any additional taxes or the donation going through probate.

"After 40 years of dentistry, I wanted to give back to the Faculty. A parting present, if you want to call it that," says Lal, who ran his own practice in Orleans, Ont., for 33 years. He sold it in early 2021 and fully retired at the end of that year.

Lal has helped organize his class reunions every five years and always encourages his classmates to give. He estimates that over the last 40 years, the class of 1982 has given more than \$85,000 in donations; the class has named an operatory and has set up supports for students and student outreach initiatives.

"It was always in the back of my mind to give back to something that has helped us get where we are," says Lal. "For me, it's a no-brainer." ■

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UNIVERSITY OF TORONTO
FACULTY OF DENTISTRY

WE REMEMBER...

BRUCE BURNS 5T4



Frederick Bruce Burns, who went by Bruce, died in December. After graduating from U of T Dentistry in 1954, he worked at a Red Cross dental trailer in northern Ontario, then set up a practice in Toronto.

He helped found the Canadian Academy of Endodontics and served as its president in 1980–81 and received a 40-year membership award for his contributions to the organization.

He was a clinical instructor at the Faculty of Dentistry for many years. Burns was a member of the Tau Kappa chapter of the Phi Gamma Delta at U of T and served on the Kiwanis club and the Probus Club.

RODGER DONER 6T9



Rodger Doner died last August at age 84. He had a busy life before dentistry, competing in the 1964 Summer Olympics in men's freestyle wrestling.

After completing his DDS, he moved to Brockville and set up a dental practice that he ran for 47 years. Doner also circumnavigated the world on a 35-foot sailboat between 1992 and 1999.

EVELYN GRAYDON 3T8 DIP DN



Evelyn Graydon (née Crouch) died in her 104th year last September in Kingston. She was born in 1918 and her doctor doubted she would survive the flu pandemic. She was the

only one in her family to attend university, earning her diploma in dental nursing from the Faculty of Dentistry in 1938. With her marriage to William Graydon, a professor at U of T, and the arrival of five children, she moved on in her career, away from hygiene. She became a member of the social organization Science Wives at U of T and later served as its president. ▀

WE MOURN THE LOSS

- Jean Banfield 4T2 Dip DN
- George Drennan 4T6
- Carolyn Flynn (Porter) 6T4 Dip DN
- Vincent Horbay 5T5
- Ralph Hunt 5T2
- Sheldon Liebesman 6T1
- Andrew Owen 7T3

Photos: Courtesy Faculty of Dentistry archives

DEFY GRAVITY

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CONTACT

Selina Esteves,
Director of Advancement
selina.esteves@dentistry.utoronto.ca
416-580-2802

UPCOMING EVENTS



Our website hosts the most up-to-date information for upcoming alumni events and programming. We invite you to visit us at dentistry.utoronto.ca/alumni/events



Photo: Jeff Comber

DDS students (from left to right) Pegi Kaimi, Dave Dunbar, Sonya Waselenko and Anuj Jhaveri

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