

U_{OF}T DENTISTRY

WOMEN & DENTISTRY

Sexism, stereotypes and power in the profession

► PAGE 8

LEARNING WITH MIXED REALITY

THREE GENERATIONS AT UOFT DENTISTRY

AWARD OF DISTINCTION WINNER



U^{OF}T DENTISTRY



Illustration by Sonia Roy

8

3 MESSAGE FROM THE DEAN

4 UP FRONT

THE WOMEN'S ISSUE

8 WHERE THE GIRLS ARE

There's gender parity in dental schools, but is there true professional equality?

14 THE FANTASTIC CLASS OF 1980

The first big female cohort bonded over hockey, studies and success

17 A WOMAN'S TOUCH

Patients love female dentists. Is that sexist?

20 FALL 2018 GRADUATION

Three advanced degree students with big ideas

22 A FACULTY FAMILY

The Langenholtz have a multigenerational UofT tradition

24 AWARD OF DISTINCTION

George Christodoulou transformed the business of dentistry

26 BOUNDLESS

31 WE REMEMBER

32 UPCOMING EVENTS

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MESSAGE FROM THE DEAN

WOMEN AND THE PROFESSION

It's time to talk about women and dentistry. In this issue, we have included features that outline the past and present challenges of women in the profession, explore how gender impacts patient care and profile the exceptional class of 1980.

As dentists, we often think about how discrimination and barriers impact our patients. We look at their experiences related to income, education, age and immigration to assess what supports they might require.

It's much more rare for us to look at our peers and assess the challenges they face, be they related to gender, gender identity, sexuality, faith or race.

To some extent, this is an outcome of the remarkable nature of dentistry. Guided by principles of care, we learn in dental school to put the patient first, above any and all other concerns. The gender of the caregiver is, and should, remain irrelevant.

At the same time, we have to learn how to step back and look at things with a wider lens. We have a responsibility to challenge our history, and to actively nurture a culture that eschews prejudice in any form. Even today, discrimination against women, as well as other groups, continues. It's often quite subtle and, for many, almost invisible. In these pages, we

ask our colleagues, our former students and our peers to speak to their personal experiences with discrimination. It's not always comfortable or clear-cut.

Here at UofT Dentistry, we are focused on change for the better and we are sensitive to the issues of equity and diversity. In 2015, the Faculty struck a diversity, inclusivity, collegiality, and equality (DICE) committee to examine the findings from the "Report of the Task Force on Misogyny, Sexism and

Homophobia at Dalhousie University Faculty of Dentistry" and assess their applicability to our Faculty.

Now, the Faculty is looking at ways to implement the recommendations of that committee. This work is now part of larger, ongoing initiatives on professionalism and collegiality as part of our strategic plan at the Faculty, which includes creating resources

and projects around a more inclusive school culture.

This work and these conversations are not easy, and they push people to re-examine their feelings around privilege, discrimination and visible and invisible differences. But this is what we need to do to acknowledge the errors of history, and to grow as individuals and as a profession. ■

DEAN DANIEL HAAS 779, 878 PHD

Guided by principles of care, we learn in dental school to put the patient first, above any and all other concerns

UP FRONT



Anuradha Prakki (left) demonstrates her mixed reality tool

Photo: Jeff Comber

MIXED REALITY AIDS DENTAL EDUCATION

Dental students often struggle to see what's going on with a tooth. But a mixed reality tool designed by UofT Dentistry associate professor Anuradha Prakki will let them get an enlarged, inside look to better identify teeth and diagnose disease.

Prakki's software takes computed tomography scans and turns them into large-scale 3D images. Students view them as holograms using a Microsoft HoloLens headset.

With a simple swipe through the air, the student or teacher can show a tooth's cross section, revealing pulp and canals, or rotate the whole tooth to see things like enamel wear on a different side.

In future, says Prakki, "all pre-clinical disciplines might want to use the same technology. It's a game changer in terms of education."

She received support from the Faculty of Dentistry Dean's Enrichment Endowment Fund to help her develop the programming. Prakki submitted an invention disclosure in the fall of 2017 and hopes to roll out the first official prototype soon. She plans to commercialize the software through her startup company *ilmersao* — "immersion" in Portuguese — and has completed the University of Toronto Early-Stage Technology (UTEST) program, which helps researchers develop their intellectual property for market.

CURATOR ANNE DALE HONOURED



Anne Dale in the dentistry museum

Photo: Jeff Comber

Anne Dale's longtime work at the Faculty of Dentistry's museum has been recognized by the American Academy of the History of Dentistry (AAHD) with the Hayden-Harris Award.

"[Dale's] passion and personal commitment through the collecting, documentation and preservation of objects, materials and papers

"The museum is the spirit and soul of our whole profession"

of cultural and natural history not only preserves our heritage but also demonstrates the overlap of the art and science of dentistry," said David Chernin, executive director of the AAHD, in a statement.

The museum dates back to 1869 and Dale '58 got involved in the 1960s along with her husband Jack Dale (also '58). In 1970, Jack stepped down from curating and teaching while Anne continued in an unofficial capacity. In the 1980s, when the museum's space was turned into a student services office, it was she who reclaimed the space. In 1998, she was named honorary curator.

"The museum is the spirit and soul of our whole profession," she says. "It's our memory. And it's very important for us to have a memory."

KUDOS FOR FACULTY

Assistant professor Annie Shrestha '13 PhD, '17 MSc Endo has received the Endodontic Educator Fellowship Award from the American Association of Endodontics Foundation (AAEF). The five-year, US\$250,000 award recognizes the critical role that educators play in strengthening the endodontic specialty.

Last October, professor emeritus Aaron Fenton '67 was awarded an Arbor Award from the University of Toronto for his service to the community.

GRAD BECOMES DEAN

Our congratulations to alumnus Peter Loomer '88, '93 Dip Perio, '97 PhD, who was named dean of the School of Dentistry at the University of Texas Health San Antonio last fall.

GET INVOLVED

All our alumni are voting members of the Faculty of Dentistry Alumni Association. Become a board member or take part in the annual fall Alumni Association meeting. Become an instructor, a mentor, a volunteer or a donor. For more information: www.dentistry.utoronto.ca/alumni.

STAY CONNECTED

Keep up with the latest alumni news and events by ensuring we have your current mailing and email address on file. Please send your updates to: address.update@utoronto.ca.

FACULTY RESEARCH ATTRACTS FUNDS



Michael Glogauer

Photo: Jeff Comber

A sustained drug-release system that disrupts the cell-to-cell communication systems of bacteria has won associate professor Celine Levesque a US\$50,000 GSK International Association for Dental Research award. The system will be used in a resin-based varnish to prevent early childhood caries.

The European Orthodontic Society has awarded assistant professor Iacopo Cioffi a US\$10,000 research grant to conduct a study on orthodontic finishing. The project represents the first-ever, evidence-based examination of whether or

not masticatory function improves with higher quality orthodontic detailing.

Two UofT Dentistry research projects were selected for Network for Canadian Oral Health Research New Frontier Seed grants valued at \$20,000 each. Professor Michael Glogauer 9T3, 9T9 Dip Perio, 9T9 PhD and postdoctoral fellow Zeishan Sheikh are pursuing a novel drug conjugate approach to jaw-bone regeneration. Associate professor Carlos Quiñonez oT9 PhD is a co-investigator for a project looking at new interventions to improve access to oral health care and treatment.



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DEAN HAAS WINS INTERNATIONAL AWARD



Dean Haas receives Horace Wells award

Photo: Andrea Fomner

The Faculty's dean, Daniel Haas, has been given the International Federation of Dental Anaesthesiology Societies' highest recognition, the Horace Wells Award.

He is the first Canadian to receive this award, which recognizes accomplishment in the field of anaesthesiology in dentistry.

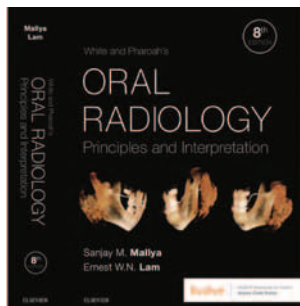
"I am deeply honoured by this international recognition," said Haas in a statement. In his acceptance remarks, the dean noted the importance of global collaboration in advancing research and education in anaesthesia in dentistry.

NEW TEXTBOOK EDITION

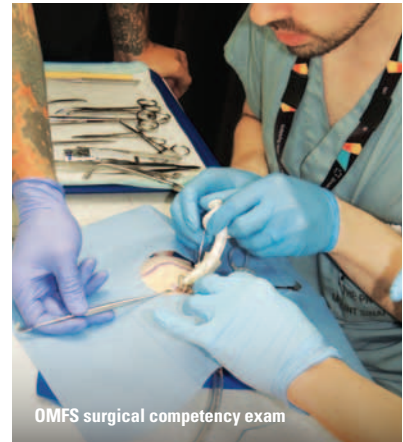
Oral Radiology: Principles and Interpretation continues to be a seminal textbook for dental students. Ernest Lam, associate dean, graduate education, has co-authored this successful book's eighth edition.

Lam authored the image interpretation section of the textbook. That continues a legacy: professor emeritus Michael Pharoah 7T5, 8T4 MSc, 8T5 Dip OR co-authored the previous four editions before him, also focusing on the image interpretation content. "Image interpretation has been an admitted strength of our program," says Lam.

Image: Courtesy Ernest Lam



TRAINING BETTER SURGEONS



OMFS surgical competency exam

Photo: Marco Caminiti

A new exam could become a nationwide standard for assessing and training oral and maxillofacial surgery (OMFS) students.

Marco Caminiti 9T8 Dip OMFS, assistant professor and graduate program director of OMFS at the Faculty, led a team in developing an objective, structured assessment of technical skills (OSATS) for the specialty. Other contributors included representatives from Mount Sinai, Sunnybrook and Humber River hospitals.

Last fall, the collaborators ran a test exam, in which practical surgical skills were performed on models by surgeons and trainees with varying skill levels and experience. The results will be presented to the Canadian Academy of Oral and Maxillofacial Surgeons this spring.

Caminiti says the test could be used as an annual assessment tool for OMFS residents across Canada, and could help screen candidates applying to the specialty.

OSATS are new to dentistry, but they've become increasingly popular for medical specialties. Says Caminiti, "The trend is increasing."

The project has received a \$10,000 grant from the Canadian Association of Oral and Maxillofacial Surgery Foundation and a \$4,500 Industry Grant from Zimmer Biomet.

WHERE THE GIRLS ARE



Women have long been welcome in the dental profession. But are they equal?

BY DIANE PETERS ILLUSTRATION BY SONIA ROY



Caroline Louise Josephine Wells, the first female dentist licensed in Ontario, completed her LDS in 1893 while coping with a houseful of young children and a dying husband. Six years later, with more children and a busy practice, she earned her DDS.

“It was a men’s club type of thing,” dentistry museum curator Anne Dale admits of the actions of the Royal College of Dental Surgeons of Ontario (RCDSO), who willingly accepted Wells to the dentistry school. Her husband John Wells had been a gold medalist in the program, plus her father-in-law had been a member of Parliament.

In 1895, the Ontario Dental Association (ODA) granted “Mrs. Wells” an honorary membership. “Wells’s membership in the ODA was typical of the response of Ontario’s dentists to women in their profession,” writes Tracey Adams in her book *A Dentist and a Gentleman: Gender and the Rise of Dentistry in Ontario*. “On the one hand, they were gentlemanly and welcoming; on the other, they regarded women as exceptional, separate, and different from themselves.”

Much has changed for women in the profession over the last century-plus. But Wells’ story resonates still. Entry into today’s dental schools and practices is increasingly equal, gender wise. Yet, barriers still exist for women in dentistry — and new factors in the profession pile on more challenges. While dentistry is a welcoming and fulfilling career for women, men still hold most of the power positions in the profession. True equality may be close, but we’re not there yet.

On paper, at least, dentistry was the fairest of the health professions. In 1878, the founders of the RCDSO stated that if women had the same qualifications for matriculation, they could take an exam and be accepted into dental training. In contrast, the Toronto School of Medicine told Emily Stowe in 1865, “The doors of the University are not open to women and I trust they never will be.” She trained in New York and became the first female doctor to practice in Canada. In the

U.S., aspiring doctor Lucy Hobbs was rejected by both a medical school and a dental school, and then practiced dentistry for years without a license. After years of advocacy, the Ohio College of Dental Surgery admitted her, and she graduated in 1866.

But aspiring female dentists in Ontario still came across a multitude of barriers in those days. It took until 1904 for the second woman, Abbie Walker, to complete her training in the province. Over the course of the licensed profession’s first 50 years, only nine women became dentists.

After World War I, the dental school in Toronto was flooded with applications from newly returned soldiers and women with experience helping fathers, uncles and grandfathers care for civilians. “Women did not work outside the home, but it was not uncommon for daughters and wives to assist — in quotation marks — the dentist in his office,” says Dale. Indeed, women had been practicing dentistry like this for decades. Thanks to government money that allowed the RCDSO to increase enrollment, 27 women entered the profession in Ontario between 1921 and 1935.

When Dale started studying dentistry in the 1950s, she was the only woman in her class. In second year, three European women retraining to be licensed in Canada joined her cohort. “In Europe in those days, it was mainly women and not men in dentistry. It was the reverse,” says Dale. (Sweden had its first female dentist back in 1852.)

Through the late 1970s and into the ’80s, women’s numbers in dental school climbed into the teens and twenties. Most Canadian schools achieved rough parity about a decade ago. A report from the Canadian Dental Association found 53 per cent of the dental student body in 2009 was female. Now, women are edging out men in dental classrooms: in 2017, Western’s incoming DDS class had 61 per cent women.



Those early female dental students had to put up with much. Maude Spence, who graduated in 1923, received this sum-up from her mostly male cohort: “while she anticipates a career in Dentistry, we predict a career in wedlock ... she will be a genuine success in either.” Spence married and had four children and a long career as a dentist.

Not permitted to attend many school-related social events, the larger female cohorts of the 1920s created their own, including a social banquet with no men allowed, and their own hazing rituals.

In Karen Campbell’s class of 1982 at Western, there were just six women — five at graduation (one transferred to hygiene). “At the time, women were still considered a novelty,” says Campbell. oT5 MSc Paedo, who’s now graduate program director for the paediatric dentistry program at the Faculty.

But Effrat Habsha 9T5, 9T8 Dip Prosthodontics, oTo MSc recalls doing her DDS in a nearly equal cohort. By then, the Faculty had numerous female faculty members while professor emeritus George Zarb offered to mentor Habsha in prosthodontics because of her interest and skill. He often talked about gender in the profession. “He’s a champion for women,” Habsha says. “He was ahead of his time.”

Once out in practice, the first women graduates did well, but were often treated as novelties by the local media. When profiled in the paper, 1927 graduate Helen Manchester was described as being “brusque” and “attractive” with an “upswept hairdo that gets unruly during office hours.” Nearly 60 years later, when Lynn Tomkins 8T1 became an associate in a practice in Newcastle, Ont., in 1984, a local paper wrote that “Newcastle now has a lady dentist.”

The fluffy media coverage kept these women in check, but also helped draw business. Manchester had a flourishing solo

practice based on her niche of treating children, something many early women dentists did with great success. “They got relegated to that,” says Dale.

Today, female dentists make less money. Partly, that’s due to shorter working hours. The American Dental Association reports that in 2014, female dentists worked an average of 32.8 hours per week compared to 35 hours for men. They’re also a lot less likely to own and run a solo practice, which entails longer hours and the potential to make more money. A 2016 UofT study published in the *Journal of the Canadian Dental Association* found that male dentists in Ontario were 2.2 times more likely to be practice owners than females.

According to statistics gathered at Western, the average age at intake in 2017 was 24. Many add in master’s degrees

“Few women marry a dental assistant that works with them or have their spouses help run the practice”

and a specialization, wrapping up their education in their late 20s to early 30s, often with considerable debt. “Many have been in postsecondary education for 10 years. For women, the fact is, if you want kids, you need to have them

before you are 40. The biology has not changed,” says Tomkins, who served as president of the Ontario Dental Association in 2010-11.

With time ticking, women often can’t open up a solo practice, where options for maternity leave don’t exist. After kids, they’ll need to work long hours. (Meanwhile, women take on the bulk of senior care in Canada, so that can get in the way of work.)

But when new graduates apply to be an associate, they risk discrimination. “I’ve heard of women going out to interview for associate positions and being asked, point blank, when do they plan to start a family,” says Tomkins. When women negotiate to become a partner, family life can get in the way again. “The higher you go, the less PC it gets,” says Tomkins, who says partners will ask personal questions. A woman who isn’t willing to work long days won’t have the billable hours.

Habsha says she joined an existing practice because of its flexibility around family life, but also so she’d be free to focus on clinical care. “It took the business pressure off and allowed me to focus on my dentistry practice and my kids,” she says. When having her four children, she took leaves of about six weeks, and ramped up her hours gradually afterwards. One risky pregnancy put her on bedrest for a few months, and colleagues stepped up. “I think it would have been a very difficult situation had I been on my own,” she says.

Habsha is fine with the fact that kids slowed down the earlier part of her career. “My counterparts who are male or are women without kids, they’re much further along than me. But I don’t really care. The way I do things, I have to give one hundred per cent.”

Female dentists, as upwardly mobile professionals, often find their success can work against them. “Women dentists tend to be married to partners who also have careers,” says Tomkins. If that person is a doctor who’s often on call or an executive with an intense travel schedule, she’ll be the one picking up sick kids from school. Few women marry a dental assistant that works with them or have their spouses help run the practice, but it’s quite common for male dentists to have this kind of arrangement.

And good old-fashioned gender discrimination impacts careers. When Tomkins bought her first practice in 1985, the bank insisted her father cosign the loan. Later, she owned another practice with her husband and a female dentist and in 2011, that female dentist bought them out. During the deal, the bank asked to see the tax returns from this woman’s

husband. “So, maybe some things have changed, and some things have not,” quips Tomkins, who personally went to the bank manager and asked him if the purchasing professional was a man, if he’d ask for the same paperwork.

Meanwhile, Habsha regularly does speaking engagements and she’s often the only woman onstage, and sometimes the first woman to ever present at an event. “I’ve been told, from organizers in the U.S., that many groups would prefer to not have women onstage,” she says. It’s rare, but happens most often with small study groups — and she’s told this information in private. In 2010, she launched Women in Dentistry: World. Life. Balance, a group that holds events and seminars that are eligible for professional education credits. When invites went out for one of the organization’s first events, a man on the list by accident replied, “Can I bring my penis along to the event?” “I just ignored it and deleted him from my list,” she recalls.

While there are more female dentists now, there’s still no gender parity in high-profile leadership roles. The Canadian Dental Association has had but one female president over its century-long existence: Deborah Stymiest of Fredericton, N.B., who held the position from 2008-09. (She herself was dissuaded from the profession by a high school guidance counsellor.) But of the past seven presidents of the National Dental Examining Board of Canada, four have been women and the organization’s current executive director and registrar is a woman. Provincial groups have an equally mixed diversity record. The ODA is a forerunner, with the president-elect, past-president and vice-president all women at present.

Women are making some inroads into power jobs at regulatory groups. And in education, we’re seeing more female deans at schools such as Laval, McGill and UBC.

“In my class of 1984, only 20 per cent of dental school students were women. So people said there were so few women leaders because of that. Now, they make up over 50 per cent, so now we should see more women leaders. But that hasn’t come to pass,” says Susan Sutherland 8T4, chief dentist at Sunnybrook Health Sciences Centre. This enduring gender imbalance holds the entire profession back. “We really need to know the concerns of all our members,” says LouAnn

While there are more female dentists now, there’s still no gender parity in high-profile leadership roles

HYGIENE’S MAN PROBLEM

Men make up less than 10 per cent of the hygiene class at George Brown College on average. Professor Linda McKay 9T5 BScD, 1T3 MSc DPH would like to see that change. “It would be fantastic to have more men, it’s a necessary part of our growth.” Not only could many dental practices benefit from male hygienists, but their voices as advocates in the industry could help. In Ontario, attempts to morph the intense college program into a four-year degree (which it already is in B.C.) and expand scope of practice to include things such as administering anaesthesia have faltered. “If we had a better gender mix, maybe we’d have more impact.”

“We should see more women leaders. But that hasn’t come to pass”



Visconti 8T8, an orthodontist based in Timmins, and past-president of the ODA.

The barriers to leadership are many. In organized dentistry, earning a power seat at the provincial or federal level requires climbing the ranks over decades. “For many women, it’s not possible to volunteer their time,” says Tomkins. Visconti says her tenure as president of the ODA in 2017-18 “was like having two full-time jobs.” Her husband, patients and staff had to work around her intense schedule. “I’d love to encourage more women to get involved but it has to be a commitment and a truly family decision,” she says.

Sutherland thinks the prerequisite for leadership roles should change, as they favour men, and were, of course, created by men. “You spend your entire career in organized dentistry. Well, a lot of women can’t do that. Why should you have to do all this stuff to get to be a leader if you have strong leadership skills and commit to the work?” she says.

Both Tomkins and Visconti would like to see associations communicate better about the benefits of the work. “There’s a career path that we can talk to women about, to encourage them,” says Tomkins. “If you wait for it to naturally occur, it won’t happen.” Visconti says the ODA has an improving track record with diversity because it encourages dentists to join committees and do one-off projects. The organization recently created mentored committee member positions, so newcomers could test out getting involved.

On the healthcare leadership side, year-long maternity leaves can slow women’s career progression down, but lack of mentorship is key too. “It’s more difficult for women to find good mentors because men seek out men,” says

Sutherland. Men still network at the pub and on the golf course, leaving women out.

Indeed, assumptions about what a leader looks and acts like linger. “I never thought I’d ever end up in a leadership type position, I just wasn’t that kind of person,” says Campbell. She saw leaders as outgoing, charismatic people who knew what they wanted and made it happen. “I watched other people and I took in a lot of information before I acted upon it,” she says. “I think that served me well.” Indeed, Campbell took on power positions at a time when best practices around leadership were changing, and more cooperative styles were proving to be more effective.

The legacy of women being denied power can backlash against those, today, who break through the glass ceiling. When doing a general practice residency years ago, Habsha got push-back when issuing orders. “I felt that the clinic staff had a resistance in taking direction from a younger woman,” she says.

Today, women in the profession have much to be optimistic about. The #MeToo movement has helped limit things like crude and sexist remarks in the workplace, plus offered a more hopeful path for dealing with harassment. More women in all corners of the profession moving — slowly — up the ranks means there are more role models, mentors and colleagues offering support.

Unconscious bias won’t disappear completely any time soon. Nor will the extra work of domestic life. But today, more women in the dental profession can find the tools, systems and supports to find professional excellence. “You can’t stand on your gender alone,” says Habsha. “You have to work as hard as anyone.” Or even harder. ■

IT WAS A VERY GOOD YEAR

With 19 female students, the class of 1980 set new standards for excellence and community

BY ERINVOLLICK

On an early September day in 1976, 19 women crammed into the locker room at the Faculty of Dentistry's Edward Street building. The room, still dressed in its late 50s décor, had not been designed for so many bodies and the air was stuffy and metallic. The women, who had come across each other in classrooms and hallways over the preceding days, greeted each other warmly in the cramped space. They soon got to talking as they prepared for class.

By the time they were ready, they had bonded. Their collective identity as the powerful female cohort of the class of 1980, forged that morning, stuck with this group for the four years to follow, and remains with them today. "We were a small island of women in a big class," says Lorraine Kelleher.

While a small island, this was the largest cohort of women the Faculty had ever educated. But this group was notable for more than its numbers. These students had intelligence and drive but also collegiality. They formed a cohesive unit that influenced the mentality of the entire class. And while they started their education as clear outsiders in a program that didn't even have the physical space — or extracurricular activities — to serve them, they graciously turned that disadvantage around. They became the core of one of the most remarkable classes in the Faculty's history.

While women had studied at the Faculty since its early days, starting with Josephine Wells in the 1880s, their numbers had always been low. Admission numbers spiked in large, post-war cohorts, and began a steady climb in the 1970s. In 1977, seven females graduated from the DDS and that

increased to 16 in 1978. Many think the sharp rise in women for the class of 8To had to do with the admission process. "They weighted the interviews much more heavily that year," recalls Sharon Koncan, neé Boyd.

Yet, that process was still biased and some women in the class recall it being tough to get acceptance. "It was a very different era," says Janet Tamo. "I think we were held to a higher standard. Women had to jump through more hoops to be taken seriously, to get in."

Some of the class's most distinguished graduates nearly didn't land a spot at all. Carol Janik, who would later serve as chief of dentistry at the Children's Hospital of Eastern Ontario, wasn't even accepted the first time she applied. As well, Elizabeth MacSween's first interview ended in an impasse when a third-year dentistry student on her interview committee did not agree to admit her. MacSween, who got through after a second interview and would go on to become one of UofT Dentistry's most celebrated graduates, was the first woman he'd ever interviewed for admission. "He felt women didn't belong in dentistry," she was later told.

Some at the Faculty feared a spot given to a woman was a lost one, that graduates would get married and give up practice. Kelleher remembers being asked: How did she see her future? She would set up a practice and start a family, she answered, but was interrupted. What would that do to her dental practice? "It would just bloom," Kelleher replied.

After that pivotal morning in the locker room, the women of the class of 8To became a team. "The Faculty didn't know what to make of us," recalls Koncan, because these women stuck together.

And while the women supported one another in their

Photos: David Lai photography



schoolwork and became friends, they also connected with the 100-plus men in the class. A “close-knit family” feeling, says Peter Copp, extended to all of the classmates. “We were the 128 musketeers: all for one and one for all,” says David Cornell. There were co-ed study groups, and co-ed sports teams, such as the broomball team, organized by Andy Coburn.

“I did my first filling on Steve Brown,” remembers Betty Cragg. Her patient didn’t show up that day, while her partner, Brown, had need of a new restoration. “We always joke about that. It’s still in there,” says Cragg.

It was silently and unanimously agreed that classmates did not compete against each other. Instead, says Cornell, “If someone found out something from the fraternities, it was shared with the entire class. Nobody had an advantage. We were more like a family.”

And while there was clearly gender bias going on at that time — it impacted the admissions process and would affect the women graduates later — the class itself operated as an island too, and gender seldom came up over those four years. “It never really dawned upon me that there were men and women,” recalls Copp, “or that the women were significantly outnumbered.” That’s a sentiment echoed by the women of the class. “Gender wasn’t important,” says Carol Janik, “I just wanted to be a good dentist.”

“I really didn’t feel prejudiced against,” adds Alice Tuch-Kazmierowski, whose older sister, Lucie Tuch, had graduated in the class of 6T5. She and her sister never once discussed sexist attitudes or acts in dentistry. Still, she admits her back went up a few times at school, such as when women students were called “missy” by one of the demos.

Looking back, the women agree that if there was sexism, it

was so embedded in the era that it didn’t affect their sense of purpose or direction. And it didn’t stem from their male classmates, either. “Maybe I was a little ahead of my time but there were no inclinations that the women were any less capable than any man,” says Cornell. The program was hard on everyone, and “the girls were just part of the class.”

For some, the rise of the recent #MeToo movement has spurred a re-examination of their classmates’ experiences. “It finally dawned upon me that [the women] must have put up with a lot to get into dental school and get through dental school,” says Copp.

While the class ignored the gender divide, systems in place, including extracurriculars, left the women out. So, the women of the class of 1980 launched the Faculty’s first female hockey team in the winter of 1976-77.

Few of the players knew how to skate well, though they’ll admit to at least one ringer on the team. They borrowed equipment

“I think we were held to a higher standard. Women had to jump through more hoops to be taken seriously, to get in”

from their male classmates. Kelleher actually won their helmets from a sales rep in a drinking contest. Copp and Rick Walker coached, and Elaine Fishbein played goalie. The fans in the

bleachers — other members of the class, faculty members such as Jack and Anne Dale, former dean Norman Levine, and even dean Ten Cate — had a special chant for her as well as the team.

“The goalie pads were so big — Steven Brown leant me his.



8TO'S TRAILBLAZERS

Betty Cragg was the first female candidate ever to be admitted to the graduate orthodontics program at Western University's school of dentistry. She went on to practice for 35 years.

Carol Janik completed a paediatric dentistry specialty program at the University of Michigan, and later became chief of dentistry at the Children's Hospital of Eastern Ontario.

Patti Ling got into organized dentistry after completing a master's degree, during which she researched the use of lasers in dentistry. She was named the first female deputy registrar for the Manitoba Dental Association in 2015, and in 2017, its first female registrar.

Elizabeth MacSween was named the first female president of the Ontario Dental Association in 1996, and served as the first female vice-president of the Royal College of Dental Surgeons of Ontario from 2007-10. UofT Dentistry recognized her with the Award of Distinction in 2017.

Janet Tamo is a spokesperson for Crest and Oral B Canada and runs a successful practice in Toronto.



He was 6'4", jokes the diminutive Fishbein. "And the mouthguard might have been passed around by the women." Few can agree on how many games they won, but the real point was getting out there and doing it.

Later, after graduation, the determination of the women in the class translated into some stunning returns. All of the 19 female graduates would go on to practice. A number of them rose to remarkable heights in the profession, including MacSween and Patti Ling. Thomas Harle, winner of the 2016 Award of Distinction, and member of the Order of Canada, argues that his classmates "flourished because they did not let real or perceived barriers stifle their potential."

Some of the graduates had careers cut short: Paula Gregory and Maytak Pang passed away just a few years after graduation.

The class still has huge turnouts for their reunions — close to 80 or 90 show up religiously — skillfully organized by Tamo and former class president Cary Letkemann. Most of the women meet each year at the ODA Annual Spring Meeting. Today, they still share enduring affection for each other and a passion for their profession too. "I think we just love what we do," says Ling. "If that's our secret, then there you have it. We love our profession. We love being challenged and we love having a voice." ■



A WOMAN'S TOUCH

Gender seems to impact the nature of patient care. But so do assumptions — good and bad — about female dentists

BY WENDY GLAUSER

Jay Malowany 8T5, who has worked as a solo practitioner in Toronto for the last 33 years, sometimes sees her gender as an advantage in her patient relationships. “Patients tell me they are more comfortable asking me questions compared to other dentists they’ve been to. I’ve been told that time and time again.”

She thinks it’s possible she and her female colleagues spend more time discussing treatment options and treating patients as equal partners in their own care. “It might be as

simple as body language, whether you’re standing up to leave or sitting at their level,” Malowany says.

While being female has historically been a disadvantage for gaining fair access to medical education and career opportunities, from the early days of females in the profession patients have flocked to these healthcare providers for their children, and for themselves too, because they liked the care they got. Even today, patients use phrases like “gentle touch” and “partners in care” to describe their female dentists.

Those assumptions aren’t necessarily a good thing. While there’s some evidence to suggest that female dentists do offer



“Patients tell me they are more comfortable asking me questions compared to other dentists they’ve been to. I’ve been told that time and time again”

some differences in care, it’s difficult to separate perceptions around gender from actual reality in the dental office. On the one hand, female dentists may have something important to teach the profession as a whole. Or they might just be wrapped up in stereotypes.

The literature on gender differences in dental care is small and nascent. Most studies look at patient perceptions rather than outcomes, and those perceptions fixate on female practitioners as nurturers. A study of 116 dental students in New Zealand found that female students showed more sensitivity and emotional intelligence in consultations than their male counterparts. A 2015 study published in the *European Journal of General Dentistry* found that patients perceived male dentists as more likely to expect them to endure pain, yet showed more confidence in the treatment process than their female counterparts. While one must be cautious coming to any conclusion on such few studies, women dentists are more nurturing, these two studies suggest, but less knowledgeable.

Research shows that women generally have similar clinical decision-making patterns to men, but there are a few noticeable differences, including one study that shows women are more likely to take a preventive approach to reducing caries risk via recommending more at-home use of prescription and non-prescription fluoride products. And while a major review found female family physicians spend on average 10 per cent more time per patient than their male counterparts, a small study that looked into this aspect for dentists didn’t see differences in time spent with patients.

Some dentists report that gender seems to influence their patient relationships. Sherri Schwartz ^{OT2}, a Toronto Public Health dentist, thinks female dentists may have more empathy toward their female patients, especially around understanding their home lives. She feels that she and other female dentists are able to make everyone more comfortable when their female patients bring children in for free dental care and education for the Healthy Smiles Ontario program, probably because, as mothers and hardworking women themselves, “we’ve been there.”

Female patients look to female dentists for compassion around home life, but also trauma. Sally AbuKlam ^{IT4}, a clinical instructor at the Faculty and practicing dentist, has treated two patients who said they wouldn’t see a male dentist due to a history of abuse. “Because of our position over a patient, and because we’re working inside their mouth, being in the dentist chair can trigger those images [of abuse],” she says.

Culture and religion can lead patients to prefer female dentists. Chelby Daigle is the editor in chief of Muslim Link, which publishes listings of Muslim dentists in the Greater Toronto Area — listing the dentist’s gender is a key part of the service. “When it comes to anything connected with the body, whether a doctor or a hairdresser, Muslim patients often prefer to see a provider of their own gender,” she says. “If you’re with a woman, you can take off your hijab, you don’t have the same kind of restrictions.” AbuKlam adds, however, that there is a wide range of attitudes among Muslims, and many feel that norms about modesty and physical touch don’t apply to healthcare providers, and therefore they have no issue seeing a practitioner of the opposite gender.

There’s a feeling that it’s easier to connect to a female dentist, and perhaps a sense that women should support other women in these professional health roles. There were no females in dentistry the year before she graduated, so Christine Mills ^{T3} recalls that some of her patients “wanted to bring them to me specifically because I was a role model for their daughters, so that was kind of nice.” These patients had some notions — positive ones — about what a female dentist had to offer. “Some patients really appreciated a woman dentist, maybe because we have small hands, maybe we’re seen as more gentle, more compassionate, less threatening,” Mills says. Leslie Laing ^{OT0}, ^{OT3} MSc Prosthodontics, former assistant professor at UofT Dentistry, thinks that female dentists spend more time building relationships with their patients. “When I have a new patient, I would ask for a consultation of an hour,” she says. “I say, ‘Tell me your story. What do you want to get out of treatment?’ There’s more of a psychological edge to the

conversation, just to hear exactly what the patient is requesting.”

And while female professionals like Mills and Malowany felt they had to work just as hard, if not harder, than their male counterparts to build their careers, now female dentists are gaining the power to influence the next generation of graduates. And their distinct approach to care is increasingly influencing the practice of dentistry itself.

Female dentists can draw attention to health issues affecting women that male dentists may overlook. As the president of the Sjögren’s Society of Canada, for instance, Laing has been working to raise the profile of the autoimmune disorder, which is nine times more common in women than men.

But while a patient-centred approach to medicine is more aligned with stereotypically female traits, women dentists increasingly see young, male providers taking time and involving patients in decision-making to the same degree as their female counterparts. As Lynn Tomkins 8Tr, past president of the Ontario Dental Association and instructor at the Faculty of Dentistry, points out, when it comes down to it, “I’d say being gentle and understanding is something in either gender in equal amounts.”

Some patients prefer female dentists, yet may mistrust their competence more often. Malowany has had four patients say they wanted a second opinion from another dentist. She encourages and respects such requests for complex treatments, but notes that all but one of these patients were male.

“I’d say being gentle and understanding is something in either gender in equal amounts”

“Sometimes the antennae go up when communication with this patient seems to be more challenging. Is it that I’m a woman? My age? Is it something about my office setting? You start to go through all those things.” Tomkins says she’s “heard of some women frankly being bullied by male patients” over fees and treatment decisions.

But the younger generation of dental professionals reports fewer experiences influenced by gender stereotypes. Bhavna Sharma rT6, a specialist in orthodontics and dentofacial orthopedics in Pickering, hasn’t felt that patients have treated her differently because she’s a woman. And AbuKlam says her gender is hardly ever an issue. “I can read facial expressions and body language and I can tell when a patient is not having full trust or very comfortable with my decision-making process.” She doesn’t think it’s because she’s female, necessarily, and suspects any discomfort has more to do with her age. She’s happy to recommend

that patients seek a second opinion for reassurance.

Regardless of whether the perceptions stem from patients or the dentistry community, gender differences in care — both the real and perceived ones — will likely lessen. Many of today’s young patients will grow up being cared for by both genders in equal measure. Perhaps all that will linger are the situational, good-humoured comments that AbuKlam sometimes gets: “You’re going to extract my tooth, and you’re a lady and you’re tiny.” She just laughs, and replies, “Well, let’s just see what I can do.” ■



A HIGHER LEVEL

Last fall's convocation saw dozens of innovators receive graduate degrees. Meet three already making a difference

CAMERON STEWART, PHD, INSTITUTE OF BIOMATERIALS & BIOMEDICAL ENGINEERING

Photo: Jeff Comber



As CEO of health technology startup Mesosil, Cameron Stewart wants to make fillings better.

"I'm pretty confident that we have something unique here, something that can actually help people," says Stewart of the bacteria-fighting dental adhesive additive he has helped develop. It will make tooth-coloured fillings last longer: most fail in five-to-seven years, costing Canadians about \$3 billion a year.

Stewart did his undergraduate degree in nanotechnology engineering at the University of Waterloo and came to UofT in 2013. He began developing a novel method of engineering minute amounts of silica so that each particle is supersaturated with antibacterial agents. He did this work with his supervisors, associate professors Yoav Finer oTo PhD, oT3 MSc Prosthodontics with Dentistry, and Ben Hatton with the Department of Materials Science & Engineering.

After being loaded into a dental adhesive, the silica release minute amounts of bacteria busters into the 10–20 micron gap between a filling and a tooth, potentially working over the span of a human lifetime.

"It's really amazing," says Stewart. "You see huge gaps opening up in normal fillings. But with ours, bacteria can't get up in the interface."

Stewart, who worked with University of Toronto Early-Stage Technology (UTEST), hopes to study his material in human subjects, via a retainer, this year, and start clinical trials by the end of 2020. The material could also be used in dental cements, dental sealers, cavity prevention products or implants.

Stewart took second prize in the senior basic research category at the Canadian Association for Dental Research meeting in 2017 and was awarded the Kulzer Travel Award from the International Association for Dental Research in 2018.

NOHA GOMAA, PHD



Photo: Erin Vellik

Income affects your health — right down to your immune cells. Noha Gomaa, who completed her PhD at the Faculty of Dentistry in a collaborative public health policy program with the Dalla Lana School of Public Health, seeks to better understand this connection.

"We know that socioeconomic inequalities exist, but we don't know why some groups are more vulnerable than others," Gomaa says. Her research on biopsychosocial pathways entailed taking oral samples from people from a range of socioeconomic backgrounds to see how immune cells called neutrophils were impacted by wealth, or a lack of it.

She found that people in a low-income group (making under

\$20,000 a year and eligible for social programs) were more prone to having pro-inflammatory neutrophils, meaning there was greater risk for periodontal tissue damage and disease, compared to those from medium (up to \$75,000) and high (over \$75,000) groups. In fact, Gomaa saw relatively little difference in inflammation levels between those with middle and high incomes.

Gomaa's research focuses primarily on oral health. She did her DDS in her hometown of Alexandria, Egypt, in 2005. She practiced before completing a graduate degree in oral pathology in 2010. In 2011, Gomaa and her family immigrated to Canada and she began her doctoral studies two years later.

"People have been looking at this in other outcomes — we know this comes up with cardiovascular disease, for instance — but this is really the first study to look at this with oral health, and with this amount of detail," she says.

Gomaa's research has earned her the Harron Scholarship and James Leake Bursary. She's also been awarded an Ontario Graduate Scholarship, a Queen Elizabeth Graduate Scholarship, and a Canadian Institutes of Health Research Fellowship in public health policy.

Now, Gomaa is doing a postdoctoral fellowship at the Hospital for Sick Children, studying children's health and its connection to social foundations. "The hope is that, given the oral-systemic health connection, we will be better able to understand how social adversity affects our biology as a whole across the lifespan," says Gomaa.

AARON FOX, MSc, ENDODONTICS

As cone-beam computed tomography imaging (CBCT) has become commonly used in dentistry — especially endodontics — image quality has emerged as an issue. Certain root canal filling materials produce undesirable features on scans, distorting the image and limiting their diagnostic value.

"Nobody had really looked at the influence of the radiologic properties of root filling materials in other studies. Instead, they focused on reduction algorithms," says Aaron Fox, who recently completed Dentistry's MSc specialty program in endodontics.

Fox has an undergraduate degree in math from Dalhousie University and completed his DDS at the Faculty in 2006.



Photo: Erin Vollick

He then worked as a general practitioner for nine years in various clinics around Southern Ontario. Increasingly, he began focusing on endodontics, which led him to get his specialization. "My objective was to focus on emerging and developing trends," says Fox. "I'm graduating with new ideas and current knowledge."

While fine-tuning his clinical skills, Fox did research to find a root canal material that worked better with scans.

Using a phantom tooth, Fox compared scans of different commercially available forms of filler. Not surprisingly, gutta percha materials left the greatest margin of artifact in CBCT. The least came from those containing zirconium particles.

Then, Fox had a team of six radiology experts observe scans for 176 extracted human teeth. The teeth had been artificially fractured and repaired with either conventional gutta percha or zirconium.

"We now have statistically significant evidence that [observers] were better able to detect fractures with zirconium particles," says Fox.

Fox intends to use his research on a daily basis as he builds his specialty career. But it's also having an impact on the wider dentistry community. Last May, two of his master's research manuscripts appeared in the *Journal of Endodontics*. ■

CONGRATULATIONS FALL 18 GRADS

Santino Roberto Bambara, MSc Oral Surg
Faryn Berger, MSc Perio
Alon Borenstein, MSc Perio
Aaron Howard Bottner, MSc Ortho
Edwin Ka Meng Kenneth Chan, MSc Paedo
Jeffrey Chi-Fai Chow, MSc Ortho
Keith Da Silva, MSc DPH
Derek Decloux, MSc Anaesth
Aaron Fox, MSc Endo

Teodora-Iunia Gheorghe, MSc Oral Rad
Abdulrahman Ghoneim, MSc DPH
Noha Aziz Ezzat Gomaa, PhD
Noorein Hajira, MSc Prosthodontics
Alaa Jameed Kabbarah, MSc DPH
Chelsea Ko-Adams, MSc Ortho
Dave Darko Kojic, PhD
Fang-Chi Li, PhD
Jacqueline Lopez Gross, MSc Endo

Anil Menon, MSc DPH
Corey Hoy Bok Ng, MSc Ortho
Morvarid Oveisi, MSc
Myrto Piperidou, MSc Endo
Leila Raziee, MSc Paedo
Stephen Julius Spano, MSc Perio
Ana Laura Viniegra Urbina, PhD
Yili Wang, MSc Paedo

DENTISTRY STAYS

The Langenholt's three generations of dental professionals got their start at UofT Dentistry



Photo: Courtesy of the Langenholt family

Erik and Aase Langenholt (left) with classmate Jim Lees

The Langenholt's are a true UofT Dentistry family. Erik Langenholt is DDS class of 1965 while his daughter Anita (Agnete) Cooper completed her dental hygiene diploma in 1969. Now, granddaughter Krista MacDonald joined the DDS class of 2022 this past September.

It began with Langenholt, who's now 94. He emigrated from a town near Copenhagen, Denmark, at age 27, moving to Sudbury. His family had worked in lumber, so he joined that industry in his new home.

Then a number of colleagues came down with tuberculosis. He was screened too, and his x-ray came back positive.

"I thought, 'If I'm sent to a sanatorium for a year, I could study something.'"

His wife Aase (who passed away in 1992) was a trained dental technician, and suggested he'd make an excellent dentist. Langenholt indeed was good with his hands as an accomplished furniture maker.

The diagnosis turned out to be in error. But Langenholt pursued his career change anyway. He attended the then-newly built Laurentian University to upgrade his education. He was soon admitted into the one-year pre-dentistry program at the University of Toronto.

He was 37 years old and a mature student with two daughters when he started the DDS program. As an extra barrier, English was his second language. Yet he flourished right away.

IN THE FAMILY

“It was great,” says Langenholt. “I think I was fairly popular. Sometimes students would come to me and I would try to guide them.” He made close friends with students and several of the professors, remarking that they made the European-born student feel “really good,” and “at home.”

Langenholt’s very first patient was a memorable one. “He was twelve years old and for him, dentists were not ‘top drawer,’” he recalls. “He sprang up from the chair and made a run for it.” Langenholt chased after the boy, dashing down the hallways of the Elm Street building — the building had been open a mere four years at the time.

Just two years after his father’s graduation — he finished second in his class and then opened up a practice at Yonge and Lawrence — Langenholt’s eldest daughter Anita entered the hygiene program. “Being immersed in dental talk at home, attending the dental clinic on Elm Street over several weeks as my father’s patient and working part time in the summers in his dental office influenced me,” she says. Also, the household valued a do-it-yourself attitude and a love of the natural sciences. Since few women undertook the DDS program at the time, “that avenue didn’t even cross my mind.”

Like her father, Anita was captivated by histology in school. “I loved how all those microscopic cells worked to keep you healthy or to wreak havoc.” She enjoyed the camaraderie between the DDS and hygiene students, which she felt prepared her for working life. The two groups would hang out and study together in the cafeteria, and worked on the Dentantics show together, too.

In fact, she met her husband Rick Cooper 6T9 at the Faculty. (While she acted in Dentantics, he served as a technician.) After graduating, the couple moved to Ottawa. He set up practice and she worked for other dentists as one of the

first hygienists in the area. “The most challenging part of my new job lay in convincing patients, most of whom had never heard of a dental hygienist, that I could do an even better, more specialized, cleaning than the dentist could,” she says.

After a brief hiatus from hygiene to stay home with their three young children, Anita resumed working full time in her husband’s practice. After he passed away in 1989, she continued with her career and now works as a temp for dentists around Ottawa.

Now, decades later, the family is about to increase the dental talk at family gatherings. Krista MacDonald, daughter of Anita’s younger sister Ann, decided on dentistry because of its ties to her master’s research in nutrition and the profession’s hands-on appeal. Once her niece got serious about the DDS program, Anita was there to look over papers, bounce around ideas and cheer her on. “I know she’ll be a brilliant dentist.”

Both family veterans of the profession had advice as MacDonald began the program last fall. “My grandfather and aunt both said a lot of the same things that we heard when we arrived here, about balance and getting involved in extracurricular programs.”

She’s already got her eye on Dentantics. “My aunt was a part of that,” says MacDonald, “and my grandfather remembered going to shows.” Already, MacDonald can’t help but feel the family history in the halls. “As I walk around, I wonder what things are still the same as when my grandfather first went to school here.”

Her grandfather, who retired in 2000, came back for a visit to the Faculty last fall, to see what had changed and what his granddaughter might expect during her degree. The love of learning, and the profession, was still there for him. “I’d like to come back, to take classes again.” ■

The household valued a do-it-yourself attitude and a love of the natural sciences

GEORGE CHRISTODOULOU RECEIVES 2019 AWARD OF DISTINCTION

George Christodoulou 8T5 could have gone pretty much anywhere in the world to practice dentistry. He was born in Libya to Greek parents who met and married in Egypt. Before attending UofT Dentistry, he earned an undergraduate degree in the U.S.

But both he and his younger brother ended up settling in Canada. “It’s safe, and there are opportunities all over the place,” he says.

Christodoulou leveraged those opportunities into creating one of Canada’s biggest healthcare organizations. In turn, he’s been sharing his success with worthy causes, including the Faculty. His company, Altima Dental, has been a sponsor of the Award of Distinction Gala for 15 years and gained naming rights to the student services office in 2003. Recently, Christodoulou donated an unprecedented \$500,000 to the Access to Care Fund.

The globe-trotting Christodoulou family moved to Montreal in 1968 and then to the U.S. Christodoulou finished high school and then studied biology — and some business — at Otterbein University in Ohio. But the recession and sky-high

interest rates of the early ‘80s dashed his plans for dental school south of the border. He came to Toronto, worked for a year at Eaton’s selling appliances, and got into UofT.

There, he found some real camaraderie. He joined the football team, and during the very first game tore his anterior cruciate ligament (ACL). He had to have surgery and wore a huge cast for six weeks. “My classmates helped me, and the faculty helped me,” recalls Christodoulou. Anne Dale tutored him in histology while his roommates would all pile in his 1967 Volkswagen and drive him to school each day. “I could have easily missed a year.”

That generous, community spirit stuck with him and offered an incentive to stay in Canada to build his career. An extra reason: after the final exams for his degree, Christodoulou and his class went out to a pub, and through the friend of a classmate he met Western University business grad Carolyn Brown, whom he later married. “I decided to hang around here a little bit longer and I think it was a good move,” he says.

At the time, the economy was still struggling, but Tridont Dental, which ran clinics in malls, was hiring. He got sent to work at Yorkdale. “I didn’t know anything north of Bloor



“Business is business, but the practice of dentistry is what really attracted me to the profession”

existed,” recalls Christodoulou. He enjoyed treating patients and became interested in the company’s business model. He soon got promoted to regional director and then purchased some Trident practices himself.

In the early 1990s, he met dentist Sven Grail. They hit it off and opened a dental office inside a medical clinic at First Canadian Place together in 1993. “Everyone kept telling us that group practices won’t work,” Christodoulou recalls. Banks would not lend them money amid word that American clinics with a similar concept were struggling.

But it did work, and they opened more practices with Christodoulou and Grail personally managing each startup until they were profitable.

But both entrepreneurs had young families, so this labour-intensive model proved problematic. “We started investing in people with business expertise.” While their skilled team took care of marketing, operations, accounting and management, the partners focused on strategy and their own patients (Christodoulou still treated at Yorkdale and did so until about a decade ago.)

That also freed Christodoulou to do his MBA at the Rotman School of Management, which he completed in 2007. Today, Altima runs 84 dental clinics as well as 26 medical clinics. With their kids grown, Grail and Christodoulou find they have more time now than ever to devote to their business, so they’re happy to keep growing and fine-tuning their model.

The years have also allowed them to give back. “I am a dentist first,” says Christodoulou. “Business is business, but the practice of dentistry is what really attracted me to the profession.” That’s why he’s so invested in the Faculty and its commitment both to excellence and also community. He

feels very passionate about the Access to Care Fund because his clinics help patients without the means to get the care they need, but always struggle to find an efficient and fair way to assess need. “The Faculty has a way to identify patients, and on top of that, you’re getting the students to provide care they might not otherwise have been able to do. You’ve got this win win win win.” ■

THE AWARD OF DISTINCTION

will be celebrated at a dinner on April 4.

For tickets to the event, visit: dentistry.utoronto.ca/awards-of-distinction

Photo: Courtesy Steve Frost

BOUNDLESS TAKES A BOW

UOFT'S AMBITIOUS FUNDRAISING CAMPAIGN WRAPS UP AFTER BREAKING RECORDS



Photo: Bruno Flakiewicz

Dean Haas at the Boundless launch in 2012

The final day of 2018 also marked the final day of the University of Toronto's Boundless campaign — a program that set new records for philanthropy in Canada.

The University reached its original \$2-billion goal six months ahead of schedule, and saw incredible momentum after expanding its goal to \$2.4 billion. Response continued to

exceed expectations, and final results will be shared with the University community in March.

Together, through the Boundless campaign, we have raised \$20.25 million for the Faculty of Dentistry.

To our valued donors, volunteers and supporters: thank you. Your gifts are helping us turn our boundless dreams into reality, and are supporting our mission to deliver excellence in patient care, in teaching, and to be world leaders in research.

HERE ARE OUR NOTABLE BOUNDLESS MILESTONES:

ACCESS TO CARE



RAISED TO DATE:
\$1,854,921

Unique to the University, the Faculty of Dentistry's clinical operations offer a vital service. Our patient population is largely comprised of vulnerable, at-risk communities with few options for oral healthcare. The Faculty's clinics recorded more than 93,000 patient visits last year. Thanks to your generosity, many more of our most vulnerable visitors will receive subsidized care now, and for years to come.

STUDENT AND FACULTY SUPPORT



RAISED TO DATE:
\$4,683,404

Dozens of new funds have been created to ease the financial burdens of rising education costs. Our students are grateful for the many contributions to bursaries, fellowships and awards that make their learning more affordable.

We have new and ongoing partnerships with universities in Japan, Ethiopia and China, and continue service learning opportunities in Uganda, Guatemala, Honduras, Dominican Republic, as well as in Ontario. These projects ensure that our students have access to once-in-a-lifetime learning opportunities and that our school makes a lasting impact on a global stage.

Named chairs have brought distinction and honour to a number of vital faculty positions, and have increased our international profile and reputation.

RESEARCH INNOVATION



RAISED TO DATE:
\$9,873,445

Over the past several years, our donors have recognized the immense scope and breadth of research at our Faculty. From new therapies and strategies to combat disease, to the development of novel new materials, our faculty are re-making the definition of discovery in a dental school. Gifts have helped amplify the productivity and output of our researchers, and have helped us recruit and retain some of the top talent in the world.

CAPITAL PROJECTS



RAISED TO DATE:
\$3,416,212

Generous giving to our capital projects has helped transform our school. Over the past few years, we have revamped student spaces and classrooms. Last spring, UofT Dentistry opened the doors to its brand new research facilities on the fourth and fifth floors. And this January, we opened the doors on a newly refreshed library facility, which includes more space for students to study.

Dentistry also received numerous gifts-in-kind of equipment and supplies from donors and sponsors. These have made a tremendous difference in the lives of our patients and our students. ■



Photo: Jeff Comber

MOVING FORWARD

WHILE BOUNDLESS MIGHT BE COMPLETE, UOFT DENTISTRY STILL HAS IMPORTANT FUTURE GOALS FOR EXPANDING AND IMPROVING

CAPITAL PROJECTS

With better spaces for learning and patient care, UofT Dentistry will attract and retain the brightest of candidates. We want to ensure that our students are equipped with the best tools available to help them graduate with confidence, knowing that they are competitive and highly knowledgeable about the latest in equipment and techniques.

FACULTY SUPPORT

By supporting named faculty chairs, we can continue to attract the top teaching and research talent in the world, which in turn makes a lasting impact on generations of students and patients.

RESEARCH & INNOVATION

As one of the leading producers of research in oral health in

Canada, UofT Dentistry has an essential role to play in translating the discoveries of today into the treatments of tomorrow.

STUDENT SUPPORT

Broadening student service learning opportunities, both internationally and nationally, is a priority for the Faculty. We plan to grow our existing programs to allow more students to experience these challenging service opportunities, and create new health partnerships with communities in need here and around the world.

While we have come so far, our community plays a vital part in helping us fulfill our mission to provide excellence in education, patient care and furthering health research. With the support of our generous donors and friends, we can achieve more than ever before. ■

BOUNDLESS EXPANSION

A \$100,000 GIFT WILL HELP EXPAND THE FACULTY'S SERVICE LEARNING PROJECTS IN AFRICA

A generous gift of \$100,000 from an anonymous donor is going directly to the Faculty's unique service learning programs in Africa. Currently, eligible fourth year students spend up to two weeks in Uganda, Ethiopia, Honduras, Guatemala or Dominican Republic.

This gift ensures those learning rotations have a secure future. And it opens up the possibility of sending more students or even expanding the project to other regions in need.

"By sending more hands to do the work or by moving the location of our clinical outreach in response to need, we can have a much greater impact on both local and national environments. We can make an extraordinary difference," says Amir Azarpazhooh, MSc DPH, PhD, associate professor and lead of UofT Dentistry's global student service learning program.

These programs have multiple benefits. Students working

in these regions offer much-needed care to people otherwise unable to afford or access it.

The students themselves get a unique chance to learn dentistry in clinical conditions that differ from those in Canada. Working in collaboration with local health authorities in varying clinical environments, students aid with a broad range of dental services. Carefully supervised by instructors, students learn to work under challenging conditions that mutually benefit their patients and learning experience.

Then there are the less tangible lessons: how true need and empathy can make a difference. How to apply their knowledge when there are cultural differences and language barriers. How to create lasting partnerships with local health teams and governments to achieve a common end of better health for local populations.

At the end of this experience, these students — and because of this gift, more will be able to gain this experience — return home more than students. They're global citizens. ■

Photo: Courtesy Bridge to Health



GREAT ALUMNI EVENT 2019

Come out to see your former classmates and meet other UofT Dentistry grads. Join us at Steam Whistle Brewing at 255 Bremner Blvd.



Friday,
May 10,
2019

Ticket sales are now open

Visit: www.dentistry.utoronto.ca/the-great-alumni-event
for more information

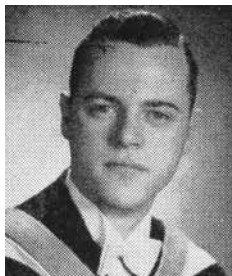


UNIVERSITY OF TORONTO
FACULTY OF DENTISTRY



WE REMEMBER...

JOHN ANTHONY 5T8



John Anthony died last November at age 83. For over 40 years, he ran a successful dental practice. He also taught at the Faculty of Dentistry and held several different positions at the Royal College of Dental Surgeons. He served as president of the Anderson Study Club and was a member of the International College of Dentists.

LIONEL METRICK 5T1

Lionel Metrick died last September, less than a month after his 101st birthday. Ottawa-born Metrick completed his BA at night while working at the Treasury Branch,

Department of National Defense. He then served as a gunner and then sergeant during WWII. After the war, he attended UofT Dentistry and returned to Ottawa, where he practiced for 44 years. He kept his fees low to ensure his mainly working class patients could afford care.



He was married for 47 years, and his late wife Sarah (nee Dorfman) obtained her degree in law from UofT, and was the only woman in her class.

SIMON WEINBERG 5T9, 6T3 DIP OMFS

Simon Weinberg passed away last August at age 82. He spent much of his



career at the Faculty. After graduating in 1959, he completed the diploma in oral and maxillofacial surgery and began working as a demonstrator just a year later. In 1975, he joined the faculty as an assistant professor, focusing on oral and maxillofacial surgery, and became a full professor in 1986. He retired as professor emeritus in 2001. He was a respected expert on temporomandibular joint surgery, and published numerous journal articles on the subject. Weinberg served as president of the Canadian Association of Oral and Maxillofacial Surgeons in

1973 and '74 and received that organization's Award of Merit in 2005.

ERIC LOVINGER



DDS3 student Eric Lovinger passed away on January 21, 2019. Before entering dental school, Lovinger graduated with a BSc in chemistry from McMaster University. He was a lover of music, dancing, drawing and travel. He also loved to cook — especially for his friends. Funny and considerate, Lovinger will be greatly missed by his family and classmates. ❧

WE MOURN THE LOSS

Bernard Blackstien 5T2
Robert D'Aloisio 5T7
John Froud 4T8
Ralph Halbert 5T4

John Charles Hanvey 6T1
William Kroeze 6T4
Walter Kruzel 5T6
Howard Newman 7T4

Allan Patterson 6T6, 6T9 Dip Ortho
John Sage 6T9
John Vickery 5T0
Harold Wolfman 5T1

Listings are as accurate as possible as of press time.

UPCOMING EVENTS

MARCH 5 MENTORSHIP NETWORKING EVENT

5:30 p.m. – 8:30 p.m.
Faculty of Dentistry
Room 170
Toronto

Lecture followed by a reception. Connecting our DDS3 and DDS4 students with UofT alumni for networking and mentorship opportunities. To participate or for information contact advancement@dentistry.utoronto.ca

MARCH 7 VANCOUVER ALUMNI RECEPTION

5 p.m. – 7 p.m.
Pan Pacific
Vancouver Hotel
Cypress Suite
300-399 Canada Place
Vancouver, at the Pacific
Dental Conference

Join dean Daniel Haas and fellow alumni for a cocktail reception at the Pacific Dental Conference. RSVP by March 1 at my.alumni.utoronto.ca/PDC2019

MARCH 14 – 15 DENTANTICS

5 p.m. – 11 p.m.
Isabel Bader Theatre
93 Charles St. W.
Toronto
Enjoy the 99th annual

Dentantics with classmates or your entire practice. Proceeds from the production support the Faculty's Access to Care Fund. Tickets \$20. To order tickets, please contact nima.khosraviani@mail.utoronto.ca

MARCH 30 ODA PRESIDENT'S HOCKEY CUP GAME

Doors open 5 p.m.,
puck drops 5:30 p.m.
UofT Varsity Arena
299 Bloor St. W.

Watch the UofT Dentistry hockey team take on Western's at this fun sporting event. Tickets are \$10. For information contact greg.pigeon@mail.utoronto.ca

APRIL 4 AWARD OF DISTINCTION DINNER

6 p.m. – 9 p.m.
St. Regis Hotel

Celebrate an outstanding alumnus and his contributions to the school. This year's winner, George Christodoulou 8T5, will be honoured at an intimate dinner with the Dean. Tickets are available. More information online at



Photo: Jeff Comber

dentistry.utoronto.ca/awards-of-distinction

MAY 9 – 11 ODA ANNUAL SPRING MEETING

Booth #1600
Metro Toronto
Convention Centre
South Building
222 Bremner Blvd.
Toronto

Come see us in our booth on the convention floor. You may get an extra drink ticket for the Great Alumni Event. We look forward to seeing you!

MAY 9 – 11 CLASS REUNIONS

If you graduated in a year ending in a 9 or 4

don't miss your class reunion! And, we hope to see you at the Great Alumni Event on May 10 at Steam Whistle Brewing. For information, or if you are interested in organizing your reunion, contact miriam.stephan@dentistry.utoronto.ca or (416) 864-8202

MAY 10 THE GREAT ALUMNI EVENT

5:30 p.m. – 9 p.m.
Steam Whistle Brewing
255 Bremner Blvd.
Toronto

As UofT Dentistry alumni, you are part of the past, present and

future of the Faculty. Come visit with old and new friends, share a laugh over fond memories and create some new ones! Register at dentistry.utoronto.ca/the-great-alumni-event. Space is limited!

JUNE 1 KIDS PASSPORT

9 a.m. – 12 p.m.
Location TBA

Bring children aged 2–10 to UofT's Alumni Reunion and discover the joys of UofT through kid-friendly activities.

QUESTIONS OR SPONSORSHIP INQUIRIES?

Contact Miriam Stephan at miriam.stephan@dentistry.utoronto.ca or (416) 864-8202