

ALUMNI NEWS

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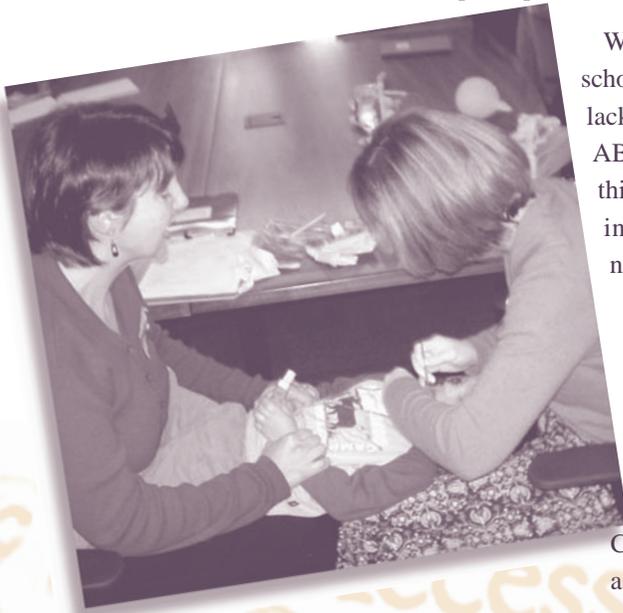
WINTER 2005

Bridging the gap in oral health

'Champions' help Medicaid-eligible kids

THEY MAY NOT JUMP tall buildings, but "ABCD Champions" can help Washington State dental providers close a big health care gap.

Training in ABCD (Access to Baby and Child Dentistry) helps Medicaid-eligible children. It also qualifies trained dental providers for enhanced reimbursement for some Medicaid services. ABCD Champions provide that training.



(Photo above) Mother, child and dental hygienist participate in a recent ABCD training in Everett.

What is ABCD?

Started in Spokane County, ABCD has grown to include 23 counties with seven more in various stages of planning and development. ABCD focuses on preventive dental care for Medicaid-eligible children from birth to age six, with emphasis on enrollment by age one.

Washington State's high-risk preschool children have faced a severe lack of dental access. In 1994 the ABCD Program began to address this problem by training dentists in early pediatric dental techniques.

In an effort to increase training opportunities, the Department of Pediatric Dentistry at the University of Washington introduced a new training delivery method: ABCD Champions. Selected from among leading current ABCD providers, "Champions" will coordinate training at the local level and serve as a regional educational resource to ABCD providers in participating counties.

Benefits to dental providers

ABCD certified dentists will receive enhanced reimbursement for selected services according to the ABCD billing instructions

ABCD certified dentists receive the enhanced reimbursement for eligible clients from any county with an ABCD program. For instance, an ABCD dentist in Yakima County will be reimbursed at ABCD levels for clients in Chelan County, but not for clients from Adams County where there is no ABCD program.

ABCD is portable

Clients enrolled in ABCD and meeting eligibility criteria are entitled to access services in other ABCD counties. If a client relocates, they should contact the ABCD office in their new area to re-enroll.

i n s i d e t h i s i s s u e

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Third-year dental students pair up with pediatric residents as part of the ECOH—Early Childhood Oral Health—program newly created in Pediatric Dentistry.

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New residency program starts soon in Yakima

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Faculty and staff make news

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Construction of the new combined dental and medical facility (left) in Yakima is almost complete.

Residency program expands in Yakima Clinic

Last summer the department's Health Resources and Services Administration (HRSA) training grant was approved and funded to expand the residency program with two new first year trainees per year. These new residents will do most of their training in a community-based program located primarily at the Yakima Valley Farm Workers Clinic (YVFWC).

The oral health needs of children and families in the Yakima Valley are tremendous. Carlos Olivares, executive director of the YVFWC system, said, "We are hopeful that these community-based learning experiences will encourage young pediatric dentists to work in underserved communities."

Dr. Dennis Sipher, Pediatric Dentistry Graduate Program Director, is working closely with Drs. Mark Koday and Carlos Dorantes in Yakima to ensure that the curriculum for the Yakima-based residents is a fully accredited certificate program in pediatric dentistry, making it educationally equivalent to the curriculum in Seattle.

Construction of the new combined dental and medical facility in Yakima is almost complete. When finished, the new dental operatories will feature state-of-the-art workstation computers, portable intra-oral cameras and software hookups to enable real-time consultation and instruction with faculty at the University of Washington.

"We are hopeful that these community-based learning experiences will encourage young pediatric dentists to work in underserved communities."

JOIN US AT AAPD!

Please join us at the UW Department of Pediatric Dentistry Alumni Reception at the AAPD Annual Session in Orlando, FL, May 26-29.

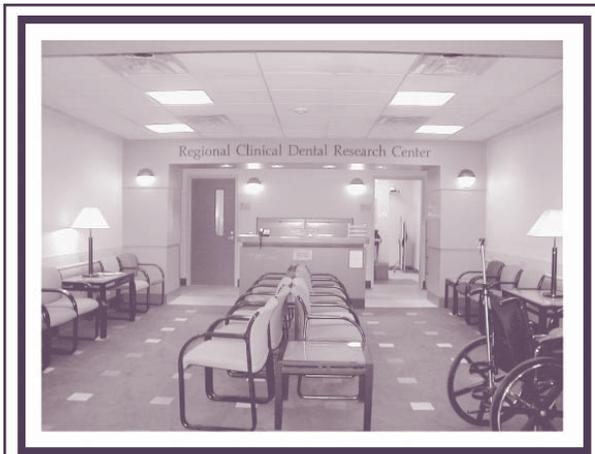
We have reserved a suite and will be open for wine, hors d'oeuvres and great conversation 4:30– 6:30 pm Thursday, Friday and Sunday of the session and for a special get-together 6–9 pm on Saturday, May 28.

Looking forward to seeing you there!

Will visual aids prepare autistic children for their regular dental examinations?

Going to the dentist can be scary for children. It is especially so for children with autism. Dr. Tarja Kaakko, assistant professor in pediatric dentistry, is researching better methods for giving dental exams to young autistic children.

Autistic children usually cope better in a familiar situation. Visual aids with attached social stories have been used for a long time in educational settings to teach autistic children coping skills in different social situations.



This is the waiting room where I can sit and wait for the dentist to greet me.

A page from the book prepared as a visual aid.

The study is intended to test the usefulness of a visual aid book to prepare autistic children for dental examinations. Dr. Kaakko is testing whether autistic children, prepared for the visit by using visual aids and social stories, will do better than children who do not get any special preparation. Created for this study, the book includes detailed photographs of the dental office, personnel and procedures, all explained in a caption with age-appropriate language. Parents read the book to their children several times before the dental appointment.

The trial is randomized with a control group. All the children will have a videotaped dental examination, toothbrush cleaning, and fluoride treatment which will be videotaped. After viewing the video at the end of the trial, researchers will code children's behavior.

The study is done in collaboration with the EEU (Experimental Education Unit) at the University of Washington. Kelly Kuniyuki-Hirahara, a fourth year dental student, is working with Dr. Kaakko.

Study subjects are autistic children three to six years old. Volunteer subjects are still needed for this study. Parents interested in having their children participate can contact Dr. Tarja Kaakko at 206-543-4885 or email her at kaakko@u.washington.edu.

Dr. Berg appointed to Endowed Chair for Oral Health

PEDIATRIC DENTISTRY CHAIR DR. JOEL H. BERG now holds the Lloyd and Kay Chapman Chair for Oral Health. He was appointed Sept. 1, 2004.

In 2001 Dr. Lloyd Chapman established the award to honor his former professors Dr. Arnold Stoller and Dr. Donald MacEwan to recognize their significant contributions to dental education and patient care. The purpose of this endowed chair is "to enhance the University's ability to attract and retain distinguished faculty who make significant contributions to the improved public oral health and access to oral health care through research, clinical teaching and community service," said Dean Martha J. Somerman.

Dr. Berg is also president of the American Academy of Pediatric Dentistry Foundation and a diplomate of the American Board of Pediatric Dentistry. His research interests include the development of caries risk assessment educational programs.

Dr. Rebecca Slayton investigates the genetics of dental caries susceptibility

DENTAL CARIES REMAINS the most common disease of childhood that is not self-limiting or treatable with antibiotics. Although water fluoridation, fluoride dentifrice and other sources of fluoride, improved oral hygiene and nutrition have decreased the caries prevalence in this country, it is still a concern that 25% of U.S. children have multiple teeth with carious lesions, with higher percentages among certain at-risk subgroups.

Multiple factors contribute to a person's risk for caries, including: 1) environmental factors such as diet, oral hygiene, fluoride exposure and the level of colonization of cariogenic bacteria and 2) host factors such as salivary flow, salivary buffering capacity, position of teeth relative to each other and surface characteristics of tooth enamel (many of which are influenced by the individual's genetics).

Dr. Rebecca Slayton is investigating the genetics of dental caries susceptibility by analyzing sequence variations in a number of candidate genes in young children with or without dental caries. She has collected DNA samples from over 500 children between the ages of 3 and 5 years. Single nucleotide polymorphisms (SNPs) in candidate genes are analyzed for each child to determine if the variation is more frequently associated with caries or not. In addition, gene environment interactions are evaluated to develop a model that might be predictive of dental caries at the individual level.

Understanding the genetic factors that contribute to dental caries susceptibility or resistance may permit early identification of children at risk, so that preventive measures could be more effectively targeted toward this group. Understanding how these genetic factors function to provide increased susceptibility to disease may facilitate the development of therapeutic agents that will allow a more individualized approach to disease prevention and health promotion. Results from this study were submitted recently to the *Journal of Dental Research* for publication.

Meet Ben Jones – research scientist

Research scientist Benjamin Jones recently joined the Pediatric Dentistry team to assist Dr. Rebecca Slayton with her research grant from the National Institute of Dental and Craniofacial Research (NIDCR) studying the genetics of dental caries susceptibility.

Ben, a Moscow, Idaho, native, received a bachelor of science degree from Willamette University in Salem, OR. After graduation he worked as a laboratory technician at the University of North Carolina School of Medicine in Chapel Hill, then returned to the Northwest in 2004. He also is a MCAT in-

structor for the Princeton Review.

Currently he is sequencing DNA from study subjects for a variety of candidate genes for dental caries.

“Ben has just the right combination of experience, knowledge and persistence to accomplish the goals of this project,” said Dr. Slayton. “We are delighted to have Ben as part of our team.”

“Understanding the genetic factors that contribute to dental caries susceptibility or resistance may permit early identification of children at risk”



Benjamin Jones

ECOH

EARLY CHILDHOOD ORAL HEALTH

It's more than a dental exam

By Cheryl Shaul, ECOH program manager

“It’s OK with us if kids cry during an exam,” says a 3rd year dental student. “They open their mouths and we can see their teeth.” That is a comforting comment for the pediatric medical residents at the University of Washington Roosevelt Pediatric Care Clinic. As part of our new Early Childhood Oral Health (ECOH) program, third year dental students are paired with pediatric residents to learn how to do oral exams and fluoride varnishes on infants and young children during pediatric well-child exams.

This rotation at the University of Washington Roosevelt clinic is part of the required curriculum for all dental stu-



dents as approved by the School of Dentistry. Each student will complete two rotations over three years in the pediatrics clinic. During this rotation, dental faculty and pediatric dental residents will provide a program that includes a series of lectures and hands-on experiences for the dental students.

“I had a blast! I learned a lot from this experience,” says Nelson, 3rd year dental student. “I can better understand what the kids are going through.”

Navid Newport, 3rd year dental student, is currently a pediatric resident there. She was really helpful in answering the important questions to ask during the exam.

It is important to train pediatric dental students on these issues and early prevention and intervention for young children for multiple well-child visits to reduce the incidence of caries in children. This is a collaboration between medical and dental professionals in the ECOH program.



Dr. Leena Bitar (middle photo), pediatric dental resident, tries to coax a smile from a young patient. Below she uses the “lap-to-lap” exam method.

(Lower left) Josh Taff, 3rd year dental student, and Dr. Troy Hull, dental faculty, consult about infant exams.



of Dentistry’s Curriculum Committee and Faculty Council. Half-day sessions per year during his or her junior and senior years. During the rotation, the students are supervised by pediatric dental residents. In addition to the hands-on experiences, the ECOH program includes lectures on infant and toddler oral health for second-year dental students.

from the residents and from simple observations,” said Ashley. “It was nice to see what goes on in the pediatrician’s office so we can have a kids experience.”

A dental student, agrees: “It was great to have a pediatric dentistry rotation. The residents were helpful and explained things fairly well. It helps us learn what to expect. I loved it.”

dentists and other primary care health providers in oral health care. Pediatric dentists are much more likely to see very young baby and child exams. “This is a tremendous opportunity to serve one of our most vulnerable populations and to increase the number of dental providers,” said Dr. Rebecca Slayton, director of



Department welcomes Dr. Simon Lin to faculty

Pediatric Dentistry is pleased to announce that Jenn-Yih (Simon) Lin, DDS, MS, joined the department as acting assistant professor at the beginning of January. In addition to teaching, Dr. Lin will direct clinical research.

His current research projects include “Clinical Comparison of Restorative Materials Following Pulpotomies in Children: the stainless steel crown versus the sandwich technique” and

“Assessment of proximal caries in primary molars with Digital Imaging Fiber-Optical Transillumination (DIFOTI),” and the clinical application of CAD/CAM (Cerec) in pediatric dentistry.

Dr. Lin also is experienced in CEREC CAD/CAM technology and research.

Dr. Lin received his certificate in Pediatric Dentistry and a master of science degree from Tufts University School of Dental Medicine, Boston. His molecular genetic research was conducted at Olsen Lab, Department of Cell Biology, Harvard Medical School, Boston. He also holds a certificate in acupuncture from the Center of Chinese Traditional Medicine, Taipei, Taiwan.



Dr. Simon and Yvonne Lin with son Skylar

Dr. Mouradian awarded ADEA Presidential Citation

Wendy Mouradian, MD, MS, associate clinical professor in Pediatric Dentistry, has been awarded a 2005 American Dental Education Association (ADEA) Presidential Citation. This honor recognizes those individuals and institutions that have significantly contributed to the mission of ADEA, especially during the 2004-2005 academic year.

“Nobody could deserve this more than Dr. Mouradian. I am proud to work with her,” said Dr. Joel Berg, department chair.

Dr. Mouradian completed three years working with the National Institute for Dental and Craniofacial Research at NIH as Project Co-Director of the Surgeon General’s Workshop and Conference on Children and Oral Health. She was Chair of *The Face of the Child: Surgeon General’s Conference on Children and Oral Health*.

The 2005 ADEA Presidential Citations will be awarded March 6 at the 2005 ADEA Annual Session in Baltimore, MD.

Dr. Mouradian currently is director of the Regional Initiatives in Dentistry Education (RIDE) at the University of Washington. In the last three years she has chaired four conferences relating to children’s oral and craniofacial health policy issues, and has initiated an inter-professional educational effort at the University of Washington to better integrate oral health into general medical education.



Dr. Wendy Mouradian

Pete Domoto recovering well from surgery

Editor's Note: Early in January former department chair Dr. Pete Domoto underwent neck surgery at Harborview Medical Center in Seattle. He sends this update.

Dear Friends:

I want to provide a brief update on my recovery from neck decompression and fusion. As you recall, I had significant compression of nerves in my neck that had affected the function in my right hand. The surgeon freed the nerves from their bony compression and stabilized my neck with bone implants and some hardware. The hospitalization was otherwise uneventful and I received excellent care at HMC. My pain was very skillfully managed. My only painful (but humorous) experience was when I walked down the hall for the first time the day after surgery and suddenly felt like my hair was on fire!

I saw the surgeon January 27 for my three week postoperative checkup. He removed the sutures and said that I could remove my brace while I showered. This is welcome news since initially I was required to wear the brace while bathing and "nurse" Sylvia had to carefully remove the brace and replace the liner following my shower. The surgeon wants me to continue to wear the brace for two more months.

The surgeon advised me to continue to walk daily. I have been walking in my neighborhood for 20-30 minutes every day. The surgeon wants me to start lifting five-pound free weights and to initiate some occupational therapy.

In all, we are pleased with my progress. I am not currently experiencing any pain and am eating and sleeping well. I have not taken any pain medication for nearly a week. Sensations are returning to both arms and hands. The fingers of my right hand still do not extend normally, e.g., I can't point my index finger. I'm hopeful that therapy and subsequent carpal tunnel surgery will result in improved function in my hand.

Thank you for your concern and support. I appreciate your email, cards, and positive thoughts sent our way. The plants in a basket are thriving!

Warmest regards,

Pete



Dr. Pete Domoto

Dr. Nishimura is visiting scholar

Michiko Nishimura, DDS, PhD, has joined the Pediatric Dentistry team as a visiting scholar from Okayama University, Okayama, Japan, where she is an assistant professor.

An expert in caries risk assessment, Dr. Nishimura will help develop the Cariostat risk assessment test during her two-year stay.



Dr. Michiko Nishimura

Preclinical Pediatric Dentistry course receives top marks from students

by Dr. Devereaux Peterson, Associate Professor

Our department is extremely grateful that the students gave us truly outstanding ratings on the student course evaluations for our Pedo 520 and 525 preclinical courses we offered last summer. The ratings were the best we have ever had and among the best in the entire University. Everyone in the department pitched in and helped with a new course format which combined the 520 and 525 courses into one course and added necessary content in several areas, such as space management, diversity training, and infant and toddler care.

The entire predoctoral pediatric curriculum has been under review and in further development since Dr. Joel Berg came on board. Preclinical pediatric dentistry is upgrading significantly each year. Drs. Tarja Kaakko and I co-directed the preclinical session last summer and will be doing so again this summer. We are working further to develop newer aspects of the course, for example, preclinical laboratory evaluation and measurements of the effectiveness of our textbook, the *Atlas of Pediatric Dentistry*, and learning from dentists in private practice.

Preclinical evaluation of students is “code” for grading – traditionally a big chore and disliked by students. Our philosophy is that evaluation is a learning experience, not a stressful and punitive experience. We take this approach very seriously; it may help explain the excellent student evaluations of the course. Basically, we first always try to find something the student has done right. Then we coach students to make changes as necessary (for example, breaking a contact with an adjacent tooth with a SSC preparation). Students move forward until they get it right; they can start over anytime if necessary. The important educational outcome is that we must be sure they are prepared to treat patients in our clinic.

We are hoping to work with another university next summer to perform additional evaluations on the effectiveness of the *Atlas*. Dr. Kaakko and I, with assistance from students such as Erika Smart (3rd year student) have undertaken research surveys of students over the last two years to identify a number of factors related to the *Atlas*, such as why students may or may not prefer it over a traditional textbook and how it can be used more effectively as a learning tool. As it turns out, the *Atlas* has been shown to be one of the favorite features of the summer course. We plan to compare *Atlas* use by our students with students at another university and their opinions about it since the *Atlas* is established here as an educational tool but new to the other school.

We always welcome pediatric dentists in private practice to come in and teach with us in the preclinical laboratory and in our treatment planning seminars. Students absolutely love to interact with dentists from the private sector who bring a “real world” perspective that is greatly appreciated and respected by our students.

Anyone who would like to join us this summer for a few hours of enjoyable teaching should call program coordinator Jessica Mortenson at 206-543-4885.

Donors Give to Pediatric Dentistry in 2004

Thank you to all the wonderful donors in 2004 who supported the Department of Pediatric Dentistry programs to promote oral health in children.

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Every effort was made to make this list accurate. We sincerely apologize for any oversight we may have made. Please contact our development department with any corrections by calling 685-9350 or 1-800-550-2977.

A Big Thank You to All!

Through travels I spread the **U**niversity **W**ord



Dr. Joel Berg
Professor,
Lloyd and Kay Chapman
Chair for Oral Health

I JUST RETURNED from a lecture tour of India and China speaking to dentists in New Delhi and Chandigarh, India and Guangzhou and Fuzhou, China. Although my lecture theme was publicized as “New Technologies in Caries Detection and Restorative Dentistry for Children,” it was obvious that each audience had a burning desire for much more information—to absorb whatever they could about pediatric dentistry. At the end of each lecture, I was deluged with questions from the audience on several pediatric dentistry topics: behavior management, basic restorative dentistry, and infant and toddler oral health. There was an insatiable hunger for information on the intellectual assets of our specialty. This is not surprising at all.

Dentists around the world are recognizing the value and need for early intervention. As technological developments bring new biological, technical and therapeutic approaches to deal with the devastating effects of dental caries in children, it will always be the youngest of our populations that will be targeted to receive the maximum benefit. I have also learned that when it comes to dental caries, the most prevalent chronic illness in humans, there is less difference in its manifestations among the various countries around the world than with many other childhood illnesses.

I was particularly proud to show off what we are doing at UW Pediatric Dentistry, such as our new ECOH program (see pages 6-7), our renowned ABCD program, and our new research in early interventions and early caries detection methods and risk assessment. I promoted the *Atlas of Pediatric Dentistry* by Davis and Peterson. The international market of dentists will ultimately benefit from this outstanding work. The variety of experts and expertise within the relatively



Dr. Joel Berg (above) with board members of Indian Academy of Restorative dentistry, New Delhi. To Dr. Berg's left is Dr. Mahesh Verma, Dean of the Maulana Azad Dental College in New Delhi. Dr. Sukhdeep Singh (right), pediatric dentist and head of Professional Services for 3M ESPE India, my host.



small confines of our department can make a huge difference in educating communities at large. Starting with our own students and residents, we create the best practices and educational models that can impact dental practice in a broad and far-reaching way.

As I go out and talk about some of my favorite topics, I most enjoy linking us with others to stimulate our thinking, to learn and to continue to enhance the quality of what we do. As always, I look forward to your input on anything we are doing and how we might do a better job in serving you and all of our partners.

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