



Douglas Levere

Oral Diagnostic Sciences supports several specialty care clinics including one associated with the Center for Orofacial Pain Research.

AN EDUCATED DIAGNOSIS

The complete classroom-to-clinic experience provided by Oral Diagnostic Sciences ▲

by James Bisco

Norman Mohl, '56, had an idea was logical yet radical. Integrate independent programs with somewhat parallel curricula under one department banner and make the teaching more than a classroom exercise—give students real clinical experience.

“The idea was that students taking these courses didactically in Squire Hall could then rotate to the hospitals and see sick patients, not just hear about them,” says Mohl, who served as the first chair of the Department of Oral Diagnostic Sciences (ODS).

“We decided that this department should be responsible for teaching students how to take histories, how to talk to and write to physicians on equal terms. This also reinforced the basic sciences, which had never been done before. If you have a sick patient, you’ve got to use the basic sciences you learned. We wanted dentists to feel that they were the same as physicians except they specialized in a certain part of the body just like ear, nose and throat doctors do. It also gave our faculty an opportunity to see interesting cases.”

Oral Diagnostic Sciences became a department in 1994 through the merger of oral pathology—then called stomatology—and oral medicine. The department now covers a spectrum of diagnoses—and diagnostic tools—having subsequently gathered oral radiology, temporomandibular disorders (TMD) and orofacial pain, general practice residency and biomaterials under its administrative umbrella.

“Norm Mohl saw it as an interdisciplinary endeavor,” says Louis Goldberg, ODS professor who was dean of

the dental school when the department was created. “He strongly felt that it should not be simply a series of lectures given in a classroom but you also have to be right where the patients are being treated and be able to give consultation and be part of the clinical educational program. This was not traditional in any dental schools of the time.”

With an aging population coming to the dental school, the medical aspect has grown in significance. “More of our patients have diseases of various kinds, are taking drugs of various kinds and are under

the care of a physician,” Goldberg says. “So their medical conditions impact upon oral health and dental treatment that should be provided. The people in ODS have the expertise to go in both directions—they know dentistry and medicine. They are able to provide important communication between medicine and dentistry.”

Mohl served as chair for the department’s first decade. When Mohl retired, Willard D. (Scott) McCall, professor, served as interim chair for three years before being named chair last year. When it was first suggested that he might succeed Mohl, he didn’t think that was likely. “I said No way. They need a dentist and I’m an engineer.”

Mohl had recruited McCall to UB in 1976 from the University of Michigan where he was working as an engineer with an interest in dental research. “I was happy as a lark in the research lab here and teaching until this interim chair thing,” said McCall. “Now here I am trying to figure out how a dental school works.”

The self-effacing chair presides over a unified department of 27 faculty. “The people in this department are marvelous. They are bright, collegial and opinionated. We have meetings where it can get raucous but never hostile. I find meetings are interesting things. You go around getting everybody’s opinion and a good idea usually seems to emerge.”

The graduate student population is a broad spectrum. In

a university known for its diversity, ODS is among the most international of departments. “We are exporting education,” says Alfredo Aguirre, ’01, director of the advanced program in oral and maxillofacial pathology.

McCall characterized the students as bright, ambitious, and focused. “It seems like 98 percent of them graduate in four years. It’s a well-oiled teaching machine.”

Aguirre noted that the current curriculum, regulated by the Commission on Dental Ac-

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—NORMAN MOHL

creditation, is rigorous and covers basic sciences with advanced courses in biochemistry, molecular biology, statistics and research, in addition to the oral pathology courses (clinical and at the microscopic level), general pathology and systemic pathology.

Mohl notes that as the department matured, the standard of clinical research publication and basic research rose in concert with significant efforts to obtain federal grants. “The objective was to consider the department not just a dental school department but a university department in the full meaning of that term,” he says.

McCall adds that there is still the need to conduct more research, particularly in radiology and oral medicine. “There’s a lot of potential for research. What I’d like is if we had enough faculty so there would be time to conduct some of this research.”

Harking back to the original departmental curriculum merger, another reassessment is now in discussion.

“Somehow we have drifted into this mode of each person teaching a one-credit course. There seems to be a consen-

sus that we ought to whack down the number of courses, maybe simply by merging,” said McCall. “There also seems to be enthusiasm for trying to get away from the semester block. Maybe if a course just needs two-thirds of a semester, stop it and start some other course.”

To advance clinical and research opportunities, ODS developed a number of specialty care clinics, including those in orofacial pain, radiology, oral medicine and breath disorders (which has since moved to oral biology).

On the immediate horizon, the department is planning a new oral medicine clinic, the brainchild of Michael Hatton,

’82, clinical associate professor and an oral surgeon, who was recently appointed director of oral medicine. He saw the need for a clinic that would monitor patients on a regular basis who, for example, may have had a lesion removed from their mouths.

“While a lesion may not have been cancerous, it remains a situation that should be watched,” says McCall. “We have some patients in the dental school that should be watched. And there are a lot of patients at Roswell that do not have cancer that should be watched. There seems to be a natural need to follow these cases—and so we’re starting this clinic for that purpose.”

The ODS umbrella continues to cover a comprehensive range of diagnostic science. Mohl notes that diagnosis itself is now recognized as a discipline.

The pioneering chair is now retired in Florida but still making occasional guest lecturer appearances in ODS.

“The department has achieved what I had hoped for,” he says. “It is considered a full university department with a range of activities, from clinical care to clinic research to basic research. We are looking after patients with medical complexities and not just as a consult, but actually participating in the care.” ▀