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The ODA and the OUCOD – a shared commitment of mutual support – partners for the present and the future!
Hello, friends and colleagues! I am so thrilled to be writing my first President’s message to you – especially about such a subject near and dear to my heart – the University of Oklahoma College of Dentistry and its relationship with the Oklahoma Dental Association.

The ODA and the OUCOD have shared a long history of support and the ODA is committed to continuing this mutually beneficial and positive relationship in the future. The ODA recently began our strategic planning process for 2009-2012 and the planning committee felt strongly that one of the three main goals in the new plan will be to support the mission of the OUCOD. All ODA Councils are now charged with exploring all the many ways their activities and programs can achieve this goal. And the ODA is very appreciative of the OUCOD’s continued commitment and support, as well. 100% of the OUCOD dentist faculty are members of the ODA. And, the ODA is honored to have the OUCOD Dean, Dr. Steve Young, representing us as an Alternate Delegate to the ADA.

I look at OUCOD as my parent and all of the people the College has touched as my siblings. OUCOD took care of me through four years of school and continues to take care of me today. When I need information, help, or just want to socialize within the dental family, I look to my friends at OUCOD... it just so happens that they are the very same friends I have through the ODA. We are all one big family – I can’t even begin to separate the two entities in my mind. In fact, it’s like the ODA and the OUCOD are my two dental parents and all of us, as individuals, are their children. The ODA and OUCOD nurture each other and their “children” and we, the children, must return that care by contributing our time, money, and other loving resources back to our parent organizations. As everyone knows, right now dental education is suffering due to governmental cutbacks and we can’t let our parent – the University of Oklahoma College of Dentistry – suffer! If the school suffers in any way, we will, also.

I recently ran into one of my “brothers” in the oddest of places. I was walking with my family through Disney’s Magic Kingdom in Florida, when all of the sudden, someone put his arm around me. It turned out to be my classmate, Dr. Bobby Carmen, and his family. Bobby and I served as Student Council and senior class officers together at OUCOD – but we hadn’t seen each other in years. It was great to see him and his family. The relationship we built at OUCOD has transitioned smoothly as we’ve become OUCOD alumni, as well as ODA members. I know Bobby would agree with me that it’s our responsibility to care lovingly for our college – it has given us so very much. Wherever we go, we know we aren’t far from our ODA/OUCOD family!

I look forward to continuing to work with the University of Oklahoma College of Dentistry faculty and staff. In my heart and mind, we are all just one big happy family and we must love and support each other in every way.

Boomer Sooner!
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In Memoriam
Sean Allen McDonald
May 1968 - July 2008
From the Editor

Dr. Raymond A. Cohlmia

2003, a great year in the history of the Oklahoma Dental Association’s Journal. In case you were wondering why, that was the year we designed and delivered our ”major journal makeover”. Since then we have become the mark of association journals nation-wide. We led the nation again in 2007 when we cooperated with the University of Oklahoma College of Dentistry to produce our first-ever continuing education DVD program. It’s time that we once again forge into the world looking for unique and refreshing changes.

As in every design market, once you’ve been around five years or more it’s time for a makeover. Change helps us maintain our following and promotes interest in the publication. We set forth to redesign the Journal and now your updated publication is here. (I have always wondered what they mean by ‘new and improved’. What were we looking at before? Old and lousy?) Take a look – thumb through it – give a test drive and let us know what you think.

First you will probably notice a change in the size of the Journal. Our hope was that you would store the publications for future reference. However, after hearing feedback from several members, we realized that the larger size was making it hard to store. We listened and hope that the new size will better accommodate our members. Rest assured that although we’ve changed the size, the content will remain unchanged. Your Journal will still remain one of the easiest journals to read.

We also have added article teasers to the cover in order to help you quickly find an article of interest. Furthermore, the table of contents has a more fresh and up-to-date look. We’ve added photos and also kept the color-coded system that is consistent with the sections of the Journal. On the lighter side, we will be adding more colorful and interesting short stories and conversational pieces that will help bring a personal edge to the publication.

We also plan to produce another DVD series later this year, as well as the following year. We were so encouraged by all of the positive comments from our October 2007 Pediatric issue. We hope to continue the series by focusing on geriatrics and special needs in the future.

Part of the most recent ODA Strategic Plan focuses on working more closely with the University of Oklahoma College of Dentistry. Here in Oklahoma, we are fortunate to have a very close relationship with our state dental school. At a recent ODA Board meeting it was said that when “you mess with our dental school, you had better be prepared to take on the Oklahoma Dental Association as well!” How true! We hope that a continuing effort in relationship building with the College will help us inform the readership of the programs and accomplishments at the school on a more steady basis.

Is that all? Of course not. But we are not going to disclose all that we have planned; we have to keep a few surprises under wraps! So check back often with your Journal! I hope you enjoy the new tricks we have up our sleeves!

We at the Journal find your opinions to be of value. We enjoy hearing from the readership so please continue to send your thoughts, opinions, questions and advice our way. Our goal is to give YOU the information that YOU want. So read, evaluate and talk...we'll listen and make changes as necessary in order to always improve the Journal.
Canker Sores

Canker sores (aphthous ulcers or recurrent aphthous stomatitis) are painful mouth ulcers that usually appear after a gradual burning or tingling sensation. Canker sores are usually found on the movable, non-keratinized (less protected) tissues in the mouth, including the inner surface of the lips, the cheeks, under the tongue, and in the back of the throat. You may remember the first time you experienced a canker sore and looked in your mouth to find a small (2-4 millimeter) white or yellow ulcer with a red halo around it.

Canker sores occur in women more often than men. They may occur at any age, but usually first appear between the ages of 10 and 40. They also can run in families. They may be linked to problems with the body’s immune (defense) system. The sores may occur after a mouth injury due to dental work, aggressive tooth cleaning, or biting the tongue or cheek. Canker sores can be triggered by emotional stress, dietary deficiencies (especially iron, folic acid, or Vitamin B-12), menstrual periods, hormonal changes, food allergies, and similar situations. They occur most commonly with viral infections. In some cases, the cause cannot be identified.

Canker sores usually cause pain for about four or five days, and generally completely resolve in 10-14 days. The cause of canker sores is unknown, but some researchers have speculated that there may be an inherited predisposition or defect in the immune system responsible for them.

If you have a canker sore, you should not eat hot or spicy foods, which can cause pain. Mild, over-the-counter mouth washes or salt water may help. There are over-the-counter medicines that soothe the painful area. These medicines are applied directly to the sore area of the mouth. To prevent bacterial infection, brush and floss your teeth regularly and visit the dentist for routine care.

To speed up healing, try mixing one part hydrogen peroxide and one part water and apply it to the canker sore with a cotton swab. Then dab a small amount of milk of magnesia on the area 3 - 4 times a day. This also helps relieve discomfort.
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More recently, electronic forms and digital signature capabilities have been added. The Digital Dental Record now offers MedicTalk DentForms™ and Patient eForms™ which enable your office to have safe, secure digital or paperless record keeping. The Dental Record is the only dental patient recordkeeping system to be selected especially for ADA members. As legal requirements change or as new medical situations arise, the forms are updated to keep your records legally and medically current.

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For more information or if you would like to schedule a free online demonstration of DentForms please call 1-800-243-4675. You can also view more information about DentForms through our website at www.dentalrecord.com/dentforms. Order one of our package specials before September 30, 2008 and you will receive one license for FREE, a value of $200.

Patient eForms
Patient eForms online medical registration is a secure and comprehensive internet-delivered recordkeeping service, allowing patients to provide their doctors with clear and specific pre-appointment information in advance of their appointments, from the comfort of their own homes. When patients arrive at your office, they move straight from reception to the chair. The process is simple, convenient, and completely secure, so patient privacy is always maintained.

Patient eForms online registration also provides two-way communication between you and your patients. Patients are reminded of their appointment specifics and can even send a message if they have questions. You can reply directly through this website (or through your own email). You do not need a website to utilize Patient eForms. For more information or to sign up for Patient eForms, please visit www.patienteforms.com.

Paper Forms & Charts
For those of you who do not prefer the digital office, The Dental Record also offers a wide variety of paper forms and charts, all endorsed by the ADA. With The Dental Record charts, everything is neatly organized. All forms are in an exact order and sequence. There is a place for everything, so when a staff member needs to access information, they always know exactly where to look. Radiographs also are easier to find because each folder contains special pockets just for holding x-rays.

The Dental Record folder provides all of the necessary information needed, including the doctor’s and patient’s comments and x-rays, which are contained and organized in one convenient place. To speed the conversion process, The Dental Record system lets you put information from your previous records directly behind the appropriate Dental Record form. If you are looking for ways to improve efficiency and save money in your practice, it may be time to examine one area that many overlook—your recordkeeping system. To view all of the products The Dental Record has to offer please visit www.dentalrecord.com or call 1-800-243-4675 for more information.
ODA Installment Payments Option for 2009 Dues

The ODA is again offering the Installment Payments Option opportunity for your 2009 dues. Effective for the 2009 dues cycle, all installment dues must be paid by credit card and must be paid in full by December 31, 2008. During the months of July, August, September, October, November, and December 2008, a partial payment (equal to 1/6 of the total amount) will automatically be charged to your credit card. The final payment in December will also reflect any additional dues approved by the ADA House of Delegates, ODA Components, and/or the ODA Board of Trustees. A form is required in order to participate in the 2009 ODA installment payment option. Please contact Phoebe Roth, ODA Member Records Director, at proth@okda.org or 405-848-8873, to obtain a form. We thank you in advance for your continued membership in your Oklahoma Dental Association!
Given the political climate and lean budget year, the ODA had a very successful legislative session. The Student Loan Repayment Program received an additional $150,000 appropriation to fund year three of the anticipated five-year commitment. Under the program, five new graduating dentists per year have received up to $25,000 annually in student loan assistance to establish dental practices in underserved areas of Oklahoma or return to teach at OUCOD. The ODF also received $100,000 to continue funding of the Mobile Dental Unit program.

The story of the 2008 Oklahoma legislative session began well before the opening gavel came down on the first Monday in February. The state’s economy, which had fortunately lagged behind the declining national financial picture, finally began to slow down. The result of the economic restriction was a loss of state revenue that would limit the ability of the legislature and governor to provide increases in state services for the 2009 fiscal year. Had it not been for the continuing health of the state’s oil and gas industry, the situation would have been much worse. As it was, energy revenues helped offset the loss in other areas of tax collections and allowed the legislature to write a budget that at least did not include significant reductions in budgets for state agencies and education institutions.

As with all legislative sessions, the months of February through May were dominated by the interaction between the Governor, Senate and House of Representatives. Brad Henry, enjoying unprecedented popularity, kept a low profile and seemed content to let issues come to him instead of adopting an aggressive program that could have put him at odds with legislative leaders.

But things were very different in the legislative branch of government. In the House, controversy reigned in the office of Speaker Lance Cargill before the end of 2007. Criticisms of the way in which he was handling campaign fundraising led to calls for his removal as Speaker. In December it was revealed that he failed to timely pay his property taxes for several years and he decided to step down as Speaker before the session began. The first choice to replace Rep. Cargill was Gus Blackwell, but that choice was short-lived when it was disclosed that he, too, had experienced tax difficulties in the past. So the House Republican members decided to place their fortunes in the hands of Appropriations and Budget Chairman, Chris Benge, electing him as Speaker on the first day of the regular session. Benge’s performance proved to be one of the bright spots of the session. His low-key, pleasant personality proved to be an asset to the House and provided much-needed stability at a time when the Republican-dominated branch could have spun out of control. On the whole, Rep. Benge gained the admiration of members and non-members alike, and the legislative session proceeded in an orderly fashion for the most part.

On the other side of the rotunda, the Senate finished its second year of shared control between the Democrats and Republicans. Employing a Co-Pro Tempore system, as well as Co-Chairmanships and leadership teams, the Senate was able to move through the session with few serious confrontations and complete the session a full week earlier than what is mandated by the state’s constitution. Most of the credit for avoiding a contentious situation that could have
existed over the past two years should be given to the personalities of the leaders of both parties. Sen. Glenn Coffee (Republican) and Sen. Mike Morgan (Democrat) are friends, and that friendship helped overcome obstacles that were presented throughout the session. Open hostilities that have marked similar shared control situations in other states were never present in the Oklahoma Senate; and Senators Coffee and Morgan clearly were the reason for that accomplishment.

So the session began in February with a slowing economy, a laid-back governor, an uneasy majority leadership in the House, and a political balancing act in the Senate. For the next four months, House and Senate members worked to fashion the best possible budget for the state. In the end, they were able to produce a “stand-still budget” that allowed agencies to operate in FY2009 on the same amount as their current revenue. The flat budget resulted in no teacher salary increases, no state employee salary increases, and no increases in provider rates for nursing homes, hospitals and all other state interests. But there were no significant cuts either. In light of the worsening revenue picture, that seems like quite an accomplishment especially at a time when most states are reducing budgets and laying off employees.

While legislative members were able to balance the state’s $7.1 billion budget and keep agencies equal to their current budgets, House and Senate members reached agreement with the Governor and passed a new state bond issue that will address a number of pressing needs throughout the state. The particulars of the $475 million bond issue were:

1. $300 million for roads that includes $275 million for an eight-year maintenance plan for state highways and $25 million for county roads;
2. $100 million for Endowed Chairs at the state’s universities. Six million goes to regional universities and $94 million is split between OU and OSU;
3. $25 million for the Oklahoma Conservation Commission for repair and replacement of rural flood dams;
4. $25 million for the construction of a low-water dam project along the Arkansas River in Tulsa; and
5. $25 million for the construction of the American Indian Museum and Cultural Center in Oklahoma City.
THE J. DEAN ROBERTSON SOCIETY

by Dr. Frank J. Miranda

The year was 1987.

The year was 1987. The Iran-Contra affair was in full swing and the United States reached a mutual agreement with the USSR (remember them?) to ban medium-range nuclear missiles. Also that year, Mikhail Gorbachev instituted glasnost, loosening government controls and fostering more open communication within the Soviet Union that would have significant repercussions for the future global community. And in an eerie prequel to the current Middle East conflict, an Iraqi missile struck a U.S. frigate, killing 37 soldiers.

It was also the year that the Senate rejected the nomination of Robert Bork to the Supreme Court. “Baby M” made headlines across the country as the first and most notable surrogate mother case. Sex scandals destroyed the careers of Gary Hart and Jim Bakker. On a brighter note, Dennis Conner recaptured America’s Cup from Australia. And acid-washed denim was the fashion rage.

Closer to home, 1987 was to be a watershed year for the OU College of Dentistry. The year began ominously when, on January 20th, then-Governor Henry Bellmon announced plans to close the dental school permanently as part of a general state budget savings proposal. Already reeling from this shock, we also suffered the loss of one of the school’s strongest supporters in March when ODA President John Miles passed away suddenly. Dr. Miles had been a part-time faculty member at the school for many years and was a passionate leader in the fight against closure. Capping a truly devastating year was the retirement of William E. Brown in December after 18 years as the school’s founding dean.

As everyone knows, we ultimately weathered the storms of 1987 (although not without a few coronary palpitations and resumé updates!). While the closure attempt was our first (and worst) crisis, in retrospect it was also a disguised blessing. We learned some sobering but very valuable lessons. Prior to 1987, we had been somewhat complacent about how we conducted the school’s business, blissfully assuming that our future would always be secure. The budget woes that brought us to the brink of closure taught us that we had to look elsewhere other than the state for the funds necessary to maintain and improve our programs. To be regarded as expendable taught us that we must constantly prove our worth as an indispensable component of the health service spectrum not only through quality education but also through community service and volunteerism. And though many alumni and non-alumni friends throughout the state fought the fight with us, we learned that support for the school was not universal. As a result, we also gained a new appreciation for a stronger and mutually symbiotic alliance with the dental community.

Out of the greatest crisis in our history a wiser, more vigilant and less isolated school was born. In that eventful year of 1987, the seeds of additional funding sources, greater community involvement, enhanced public relations, and strong alliances were sown – seeds that were to bear fruit the following year with the creation of the J. Dean Robertson Society.

When Russell Stratton became dean in January 1988, he inherited two main problems – the poor budget situation of the College (and the state) that had led to the school closure proposal in the first place, and a relationship with the practicing community that, while certainly not adversarial, was less than ideal. “To say the least,” Stratton recalled, “we were in terrible financial condition. Several accounts were thousands of dollars in the hole and state budgets showed no signs of improving. It appeared that the only escape would have to be private donations.” Up to this point, little consideration had been given to private fund-raising as a way to augment the school’s educational mission. Having already decided to make improving public relations a focus of his administration, Stratton began searching for a coordinated way to address these PR and budget issues. He and associate dean Michael Rohrer began discussing the establishment of a formal fund-raising activity at the school and invited several interested faculty, alumni, and non-alumni dentists from the community to “brainstorm” the idea. Also invited were Herschel Lamirand of the HSC Development Office and Jerry Burger, Executive Director of the College of Medicine’s Alumni Association. After agreeing in principle that the time for private fund-raising had definitely arrived, this early planning group began tackling the nuts and bolts of this new project – goals and guiding principles, structure and management, specific fund-raising activities, allocation of monies received and, most critical in this formative period, an identity.

THE NAME

“Everyone agreed that the name for this new venture would be critical to its success,” said Stratton. “To bring the school and the community closer together, and at the same time have the credibility to attract a broad base of support, we needed a name that would be highly regarded not only at the school, but by alumni and non-alumni dentists throughout the state. I don’t recall exactly who suggested Dean Robertson, but whoever it was couldn’t have come up with a more ideal name; no one in Oklahoma was more respected and loved than Dean.”

Dr. Joseph Dean Robertson was indeed an inspired choice. He had just retired from twelve years of full-time teaching with the Department of Pedodontics and was a beloved figure to his faculty colleagues, the administration, and the student body. He was also revered by alumni; two graduating classes...
had honored him with Outstanding Clinical Instructor awards. One of the most respected dentists in the state, he had served as president of both the Oklahoma Dental Association and the Southwest Society of Pedodontists, and as a member of numerous advisory and governing boards for area hospitals and civic organizations. In 1979, he received the ODA’s top honor, Oklahoma Dentist of the Year. His exemplary record of achievements, lifelong commitment to service, and high standing among colleagues in both academia and the practicing community made his name the ideal choice for an organization dedicated to fostering quality education and service to others. The vote to adopt the J. Dean Robertson Society as the official name of this new venture, not surprisingly, was unanimous.

**THE GOVERNANCE**

From the start it was agreed that the credibility and success of this project would require that its management be shared by three distinct groups – faculty, alumni, and non-alumni supporters of the school. The planning group decided that the governing body of the new Robertson Society would be a 21-member board of trustees equally represented by these three groups.

To ensure the highest level of commitment to the principles and goals of the Society, trustees would be required to be donors at the highest identified giving level. The board would meet twice a year, in the fall and again in the spring. The fall meeting was initially devoted to planning the phone-a-thon, but after the first few years it evolved into a formal social event with a short business meeting scheduled as necessary. The society’s major business (allocation of funds generated from the phone-a-thon) was addressed at the spring meeting.

**THE FIRST MEETING**

The inaugural board (which included many members of the original planning group) officially convened on September 10, 1988 at the Sand Plum Restaurant in Guthrie. The agenda included five major issues that would provide a blueprint for all future activities: [1] formal goals; [2] donor levels; [3] terms of office for trustees; [4] allocation of funds; and [5] the phone-a-thon.

**Goals:** According to the minutes of that first meeting, the society’s primary goal would be to “promote quality dental education in Oklahoma through the active pursuit of programs and projects which will benefit not only the College of Dentistry but the entire dental community and the profession as a whole.” It is a fitting testament to the foresight and vision of this first board that virtually every project suggested for sponsorship at this historic meeting has continued to receive financial support 17 years later. They included seed grants for research, student summer research projects, information technology support, equipment acquisition, funding of table clinics, scholarships and loans, and endowed professorships.

**Donor Levels:** The four levels of membership initially proposed by the planning group were formally adopted: Fellow ($500 and greater); Associate ($250-$499); Affiliate ($100-$249); and Donor (up to $99). The society’s first snag arose with its intended use of the term “Associate”. As Stratton recalled, “Our attempt to use this term caused a huge problem on the HSC campus. Since its use was restricted by the University to its ‘President’s Associates’ classification, the president’s office ruled that we couldn’t use it; if we did, then fifty percent of donations received at this level would have to be allocated to the University. At the time, the ‘associates’ designation was also being used by a small group of pediatric dentists known as the Pedo Associates. Since they were not inclined to give half their donations to the University as a whole, we were more or less forced to ‘disband’ the Pedo Associates.” This whole issue resulted in the trustees adopting revised donor classifications: Fellow ($500 and greater); Affiliate ($250-$499); Patron ($100-$249); and Donor (up to $99). [NOTE: The Dean’s Circle ($1,000 and greater) category was not adopted as a separate giving level until spring 1994.]

To formally acknowledge contributions received, the board voted to send thank-you letters to all donors. In addition, formal certificates of acknowledgement would be sent to all donors at the Fellow and Affiliate levels. During the first fund-raising year, certificates would indicate “Charter Fellow” or “Charter Affiliate”. The first certificate would be framed; subsequent certificates would be presented unframed. When the Dean’s Circle category was instituted, first-time contributors at this level were recognized with an engraved plaque. [NOTE: At the fall 1989 trustees meeting, Dr. French Hickman proposed the creation of a membership category to recognize donors whose cumulative contributions had reached a certain level. While the concept was approved at that time, the Life Fellow category (cumulative contributions over $5,000) was not established until 1995. Donors reaching this level are recognized with an engraved plaque.]

**Terms of Office:** The board approved the planning group’s recommendation that trustees be appointed to three-year terms. To maintain some continuity on the board, it was decided that one-third of the original trustees would be replaced at the end of the third year (and every year thereafter). Recognizing that it could become increasingly difficult to maintain the original equal-thirds composition of the board, the dean was given discretionary authority to increase alumni representation if it became difficult to
identify non-alumni dentists interested and willing to serve. [NOTE: In 1991, the number of trustees in each category was increased by one, expanding the board to 24 members. In 1993, the dean and associate dean of the College were made ex officio members without vote, thereby increasing the board to 26 members. In 1996, ex officio status was also given to the associate dean for research since numerous in-house research projects were receiving Robertson Society funding. Most recently (2004), ex officio status was granted to the director of the College’s new Office of Development which provides management and oversight of the annual phone-a-thon and other development-related activities.]

Since the Society’s inception, trustees have been required to be Fellows. As of 2003, trustees are now expected to maintain Dean’s Circle membership (unless discretionary circumstances dictate otherwise).

Distribution of Funds: Again accepting suggestions of the early planning group, the original board approved the following approximate distribution of funds:

**Endowment Fund (OU Foundation)**.........................20%

**Administrative Overhead**.................................10%

**Dean’s Discretionary Fund**.................................20%

**Trustees (Project Support Expenditures)**.......................50%

No funds would be used for any salaries or normal operating expenses of the College. Rather, they would be used to support three general classes of projects for which state funding was either unavailable or inadequate: [1] student-related endeavors (student research, scholarships and loans, tutoring, recruitment, etc.); [2] projects that would benefit the profession as a whole, such as continuing education; and [3] equipment with high visibility and utility (slide generators, radiographic units, research testing instruments, etc.). The board also envisioned growing the endowment over time while at the same time maintaining a balance between current needs and future investment.

The board agreed to make every effort to honor any requested “earmarking” of donations but decided against encouraging the practice. As Stratton noted, “Some departments in the school had the potential for generating much more money than others and we didn’t want to end up with some areas being disproportionately better endowed. We also felt that in the difficult financial climate of the times we needed as much flexibility as possible to channel funds where they would be of most benefit.”

Stratton also sought to correct some apparent ongoing misperceptions about earmarked donations as they related to the Pedo Associates. “Back in the early days, the Pedo Associates were a group of about six or seven $1,000 donors to our pedo program. When the Robertson Society became active, we began to absorb these contributions and not specifically earmark them for the pedo department. However, to ensure that the department was not negatively impacted, I would try to make funds available from other sources, such as Section 13 monies or extra disbursements from available state funds. It was sort of a matter of trust. I can say with confidence that the pedo department was never shortchanged out of the funds donated by pediatric dentist donors.”

**THE PHONE-A-THON**

The first phone-a-thon was held at the College of Dentistry in late October 1988 when volunteer faculty, alumni and non-alumni dentists gathered for four consecutive evenings to call potential donors. Brief “training sessions” were conducted to establish calling guidelines and reporting of results. Dinner and refreshments were provided each evening (often catered by faculty!) and friendly “competitions” were waged among the callers for the highest number and amount of pledges each evening and highest total pledges for the phone-a-thon. The spirit of community, camaraderie and enthusiasm that prevailed gave the event the flavor of an informal social gathering.

Using a phone-a-thon as the major fund-raising activity made development of a donor database an immediate priority. The initial database was compiled from such resources as the College’s alumni records, the ODA’s membership roster, the Board of Dentistry’s list of licensed dentists, and even the yellow pages. This database has become a valuable tool not only for fund-raising but also for general communication about other events and activities of interest. It is updated annually with the addition of each new graduating class and dentists relocating from other areas.

Initially, the database did not include dental hygienists because of the difficulty in tracking and maintaining accurate records due to marriage and name changes. Nevertheless, as an integral part of the dental family, the inclusion of dental hygienists would not only expand the potential donor base, but also help assure a sometimes shaky relationship between hygienists and dentists. In 1996, an initial dental hygiene database was developed that today includes 610 names.

With minor variations, the format of the 1988 phone-a-thon has been retained ever since. It has evolved into a standard three-evening event, scheduled traditionally in October or November. Volunteer student callers have been added with their nightly competitions resulting in small cash prizes or student store credits. Simultaneous phone-a-thons in Oklahoma City and Tulsa were conducted in the late 90’s; however, since the expenses involved did not result in significant increases in
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Over the last 19 years, the Robertson Society has raised over $3.5M in pledges of which nearly $3.4M has been collected. While many organizations would be very pleased with a pledge/collection ratio of 50 percent, we boast an average ratio of 95 percent! Yearly ratios have never fallen below 89 percent and for the last decade they have exceeded 97 percent. The last two campaigns had an amazing collection ratio: 100 percent!

Since 1988, total pledges have increased nearly 50 percent, the total dollar amounts of both pledges and receipts have increased 275 percent each. The Dean’s Circle category ($1,000 and greater) began in 1994 with 51 members; today there are over 260 members—an increase of 410 percent in 15 years. For the first five years, annual pledges averaged $125,000; in 2001, we exceeded $200,000 for the first time and this year we anticipate over $400,000. Fellow and Affiliate memberships have also increased dramatically.

What this all means is that the Robertson Society has a relatively small but extremely loyal and dedicated group of supporters. When they pledge, they give! And when they give, they do so consistently and reliably. Very few if any organizations of similar size can claim the same level of consistency and success.

More incredible still is the fact that until our in-house Office of Development was created, the Robertson Society has never had any full-time staff! Everyone involved has done so on a part-time basis whenever they could spare time from their regular administrative and teaching duties. In this light, the Society’s success has wildly exceeded the highest expectations of the most optimistic observer.

THE RESULTS

Compared with other organizations, the Robertson Society is a modest-sized operation with a combined database of about 2,700 past and present contributors and an average annual active donor list of nearly 850 supporters. What distinguishes the Society from other similar groups (and generates astonishment from many fund-raising experts) is its phenomenal achievements within this modest framework. Consider these facts:

- Faculty mini-sabbaticals (short visits to other educational institutions)
- Visiting Eminent Scholar Program
- Student Summer Research Projects
- Financial Support of OU Dentistry (alumni magazine)
- OUCOD Career Day
- OU Alumni Association
- Regional conference on substance abuse
- Film recorder, slide generator, and poster printer
- Purchasing of a new Instron Testing Machine
- Seed grants to support faculty research
- Student research incentive grants (SRIG) for research activities
- Financial support of OU Dentistry (alumni magazine)
- Student recruitment
- Recruiting/Public Relations videotapes
- Student participation in mission trips to underserved countries
- Digital panoramic/cephalometric machine, nitrous oxide/oxygen units, etc.
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Department of Fixed Prosthodontics) and Donald Welk (founding chair, Division of Restorative Dentistry) have been particularly noteworthy accomplishments. Funding of a third professorship in the name of Albert Staples (founding chair, Department of Oral & Maxillofacial Surgery) is under consideration.

The dean’s discretionary fund has supported other more “mundane” but equally important projects. As Stratton noted with pride, “The very first thing we bought with discretionary monies was an ice maker for the Student Commons. While certainly not as ‘critical’ in an academic sense as some of our more visible projects, the ice machine (still in use 17 years later) is very valuable to many in-house functions. We also purchased the barbecue grill so important to the Staples Society’s weekly fund-raising sales. Need-based scholarships and loans and financial support of departments and graduate programs have also come from these discretionary funds.”

THE KUDOS

The success of any organization is a function of the efforts and dedication of its people. Starting with the original planning group whose foresight provided the framework and direction that guided the Society’s early growth, literally scores of people have played a role in this success story. They include the many dedicated HSC development officers who unselfishly loaned their expertise and talents to our efforts: Jerry Burger, an early participant who was so instrumental in helping set up our financial accounts; Lana Ivy, who helped establish a comprehensive development plan for the dental school and initially proposed the Dean’s Circle category; and Charles Ashley, Ken Conklin and John Hillis, who provided valuable advice, counsel and assistance in the months and years preceding the creation of our own in-house development office. They also include our trustees – a parade of 118 unselfish people who have been extremely competent managers of the Society’s business. They have been a veritable Who’s Who of Oklahoma Dentistry, including 13 former ODA presidents, 16 Oklahoma Dentists of the Year, and even two presidents of the American Dental Association.

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Original 21 trustees

identified by asterisk (*)
There is of course J. Dean Robertson himself whose name and ideals have given the Society its very identity. There are the many student callers who have been so valuable during the phone-a-thons, and the College’s faculty who have donated their energies and precious time to “the cause”. And of course there are the hundreds of alumni and non-alumni dentists and dental hygienists throughout the state and across the country whose support through the years has given form and substance to so many ideas.

No one would argue, however, that the soul of this organization has always been Dr. Russell J. Stratton. From virtually his first day as dean, he made alternative financial resources and public relations the cornerstones of his administration. As the primary vehicle for realizing these goals, the Society became a project to which Stratton devoted unwavering attention until moving to Texas in 2003. No task was considered too menial or beneath his station. He personally designed the Society’s letterhead, stationery and certificates, and the distinctive scripted “R” logo. He put countless hours into developing an accurate donor database. In the early years, he and his wife Sandy would man a promotional booth at ODA annual meetings to tout the Society and its accomplishments; of course, he also designed and constructed the display! He called donors, managed the books, organized board meetings, developed agendas, coordinated special events, and authored the annual JDR donor report. Even more amazing than what he accomplished is the fact that he did it all part-time! To create this organization while serving an equally successful tenure as dean demanded tireless effort, consummate managerial skills, and unusually strong commitment. Because the Robertson Society embodies the goals on which Russ Stratton based his administration, it is his most enduring legacy. Without him, there would be no Society. It’s that simple.

THE FUTURE

It is an axiom among editors that for a story to have maximum impact, it should be short and to the point. To put the Robertson Society’s history in proper perspective, that has not been possible. I hope you’re still with me at this point, because the most important part of this history is yet to come. The future of the Society has never been brighter. From its humble beginnings almost 20 years ago, it has become an integral and essential component of the College of Dentistry’s landscape. It is a vital source for the funds necessary to address many educational goals that would otherwise still remain unmet due to unavailable or inadequate state resources. In fact, it is not hyperbole to state that the dental school can no longer survive without the Robertson Society. And that perhaps is its ultimate testament.

We have set some lofty goals for the Society in the next few years. Continuing to grow our Dean’s Circle membership and reaching an annual contribution level of $500,000 are challenging but very attainable objectives. Our trustees will be continually challenged to identify and fund even more worthy projects all designed to reinforce the original commitment made back in 1988 to “promote quality dental education in Oklahoma”. With our Office of Development, the Robertson Society now has (for the first time in its history) a small staff that can devote full-time attention to its activities.
We are also proud of the “resurrection” of the OUCOD Alumni Association, the strengthening and expansion of the College’s continuing education offerings, and our renewed focus on the needs and desires of our many alumni and non-alumni supporters. If you are a current member of the Society, please stick with us. If you used to be a member, please consider renewing your support. And if you have never joined, there is no better time than now. The best is yet to come!

Every cloud has a silver lining. That’s a very tired and worn cliché, but a fitting close to this retrospective. Certainly, the biggest cloud to descend over the College was the 1987 closure threat, a crisis that revealed our vulnerability and our shortcomings. We found a resource right under our noses just waiting to be fully tapped – our alumni and non-alumni friends. And just as vital as their tangible financial support has been the intangible strengthening of relations with those friends through improved communication and a shared mission. Today, the OU College of Dentistry is truly everybody’s school. In part, this is a Robertson Society achievement. Many organizations bring in more money, support more projects, and have many more years of experience. But none of them have put it all together quite as successfully or completely as the J. Dean Robertson Society. That’s the silver lining. Many people regard 1987 as the worst year in the College’s history. In retrospect, it just might have been the best.

(Originally published in the Spring 2005 issue of OU Dentistry, the OU College of Dentistry’s Alumni magazine. Reprinted with permission. NOTE: Except for the list of trustees, the information in this article has been updated as of July 2008.)
The 3rd Annual OU College of Dentistry Alumni Weekend took place June 20 & 21.

Dr. Kessler kicked off the festivities with an exceptional CE presentation titled “Searching for Excellence in a World of Extreme Makeovers - Guide to Understanding Today’s Esthetic Restorative Options”. This was followed by a reception and tour at the College on the 5th floor halls and in the Dean’s Conference Room. Paseo Grill catered the event bringing mounds of smoked salmon, hummus, assorted cheeses and fruit. There was also a nice selection of beer and wine.

Saturday night was a celebration of alumni and their accomplishments. The evening began with a reception and proceeded with a fabulous dinner. Awards were given to Dr. Kevin Smith and Gayla Ross as the 2008 Alumni of the Year. Two more awards were given to Dr. Thai-An Doan and Sarah Marshall as the 2008 Young Alumni of the Year. Also announced was the 2008 Distinguished Service Award which was presented to our very own, Dr. Frank Miranda. After the awards presentation, many stayed to dance to the music of “Souled Out”.

This was the end of Dr. Matt Cohlmia’s very successful three-year term as the Alumni Association President and the reins have now been gladly handed over to Dr. Karen Reed’s most capable hands. The Alumni Association is already working on next year’s event, possibly moving it to the Fall, and a date will soon be announced. Special thanks go to our hard-working Executive Committee and the many sponsors that made this event possible.
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The fourth annual White Coat Ceremony officially welcoming 58 members of the Class of 2012 was held June 30 at the First United Methodist Church in Oklahoma City. Dean Stephen Young welcomed the audience of approximately 250 family members, friends, faculty and representatives from the Oklahoma Chapter, American College of Dentists (ACD), co-sponsor of the event.

Following the welcoming remarks, Dr. Ken Coy, Associate Dean for Academic Affairs, reviewed the meaning of the White Coat as a powerful symbol of compassion and honor. In his keynote address guest speaker Dr. Larson Keso emphasized the critical importance of the transition of the class from successful university students, to true healing arts professionals during the next four years. He reminded them of their obligation to conduct themselves in an ethical manner. Dr. Randy Jones, Director of Admissions and Student Affairs, administered the “Dental Student Oath”. Dr. John Dmytryk, Associate Dean for Research, and Dr. Jeanne Panza, Assistant Dean for Clinics, led faculty and AGD representatives in cloaking class members with their new white coats. A reception for the class members and their families was held at the College of Dentistry immediately following the ceremony.

Since its inception in 2005, this ceremonial “cloaking” of the doctors-to-be as they embark on a dental career has quickly become an important new tradition at the College of Dentistry. Incoming students are congratulated for gaining admission, both as a significant accomplishment, and as the first step to entering the dental profession. It affords an appropriate occasion to call upon them to reflect on the professional and ethical responsibilities associated with being a dentist and to dedicate themselves to upholding those standards as they move forward in their career.

The demographics of the class are impressive. The 58 successful applicants were selected from a pool of 153 residents and 500 non-residents. 47 residents and 11 non-residents are in the class. Their science GPA was 3.58 and the overall GPA was 3.65.

The class average age is 24.0 years and the gender ratio 74:26. (43 male: 15 female) The male to female ratio is a bit higher than the average for the past ten years. Forty-two students have earned baccalaureate degrees, one has a master’s degree, and 15 have 120+ hours (no degree).

This large, well-qualified applicant pool has allowed the admissions committee to fine-tune the process and become very selective. Consequently, the attrition rate is quite low. More than 96% of the students matriculating in the past five years have graduated.

Students from twenty-two colleges and universities are represented in the class; 47 were educated in-state and 11 were educated in out-of-state institutions.

Dentistry is a family tradition for many of the new students. 12 have immediate (parents and siblings), and 11 have distant (aunt, uncle, in-law, cousin) relatives in dentistry.
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HOW THE ODA SUPPORTS OUR DENTAL STUDENTS

By Dr. Tamara Berg, ODA Vice President and Chair of the ODA Council on Membership and Membership Services

Since the OUCOD was established, the ODA has helped its students in many ways. The ODA House of Delegates voted last year to extend full membership benefits to ASDA members, making them full ODA members. Student programs are under the auspice of the ODA Council on Membership and Membership Services and the following is a list of many of those programs:

**Student Fall Festival**
Each August, all dental students and their families are invited to a back-to-school picnic at the ODA office. We even bring in a moon bounce for the kiddos! Students could also win one of the many door prizes donated by our Council members.

**ASDA Dues**
Students are encouraged to join the American Student Dental Association while they are in dental school. Because of the financial strain dental school can be for students, the ODA pays half of those dues ($40.00) for each of the students if they sign up at the Student Fall Festival!

**ADA New Dentist Conference**
Each year, the ADA holds a New Dentist Conference in different locations around the country. This is an exciting and useful conference for all new dentists. The Council provides two $1,000 stipends each year and one is earmarked for a DSIV student.

**“Coming and Going” Lunch**
Many students do not know how to become involved in an already established practice after dental school. During the ODA Annual Meeting, the ODA holds a luncheon for dentists who may be gearing up to sell their practice or who may be looking for an associate. All dental students are also invited to attend. The luncheon includes a presentation about practice transition and what to look for when taking in an associate, selling/purchasing a practice, etc.

**OUCOD Scientific Award**
Each year, the University of Oklahoma College of Dentistry holds an annual “Scientific Day” where dental students, dental hygiene students, and residents present findings from their research projects or new and innovative clinical techniques. The ODA provides a $300 award to one of the participants each year that helps offset their expenses when traveling to present their project at the ADA Annual Meeting.

**Senior Night**
A fun and informative event for senior dental students and their spouses, Senior Night serves as a great opportunity to become familiar with the avenues of practice financing and practice management, and gives them a better understanding of their future after graduation. Dinner is included, door prizes are given away, and speakers present important information to assist the students.

**Faculty Appreciation Lunch**
To show our gratitude for their continued support, the ODA hosts a luncheon for all OU College of Dentistry faculty members. The Dental School Faculty are the first dental mentors for most dental school students and they continually helps familiarize dental students with the ODA and other professional organizations that are in place to support their education and career.

**ADA Student Programs**
Titled “SUCCESS!,” this series of practice management seminars is presented by the ADA annually to each of the four classes. To give the dental students a much-needed break in the middle of a full day of speakers, the ODA provides lunch during each of the seminars.

**DentFest**
ASDA invites multiple companies that are dental-specific to this annual event. The ODA participates and distributes information about ODA membership and programs, as well as donates door prizes to assist in the event’s success.

OUCOD’s students participate in many of ODA’s other programs such as the Annual Meeting, and Dentist Day at the Capitol. The ODA also provides lunch and other support during ADPAC’s annual “Pizza & Politics” seminar with the students. The ODA values student participation and provides these student programs in an effort to instill the belief that a lifetime of involvement in organized dentistry is essential to any dental career.

For more information on these and other ODA dental student programs, please contact Lauryn Carter, ODA Membership Services Manager, at (405) 848-8873 or lcarter@okda.org.
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