

## *University Spotlight:* **Case Western Reserve University School of Dental Medicine**



- 1) Tell us about the recent renovations within your department and university?

The Case Western Reserve University School of Dental Medicine moved as a school just over a mile from the building we had since the 70's, into a state of the art Clinic Building in the middle of the world renowned Cleveland Clinic Campus. We were able to help design our clinic, which ended up with a much more efficient usage of our square footage, allowing for the inclusion of more chair units, and lots of natural light. We planned it with the future in mind. More space for 3D printing and less space for trimmers and pouring areas. Double monitors and lots of A/C and USB plugs in every chair, as well as an open floor concept for easy technology access.

- 2) How has your new space affected how your residents see patients in your community?

Our new location has allowed tremendous improvement in how our residents see patients from our community. The patient access is now much easier from all Cleveland directions, and patients have access to plenty of parking options, which was one of our biggest problems for many decades.

- 3) How many residents does your program accept each cycle?

We accept 5 residents per year in our 30-month program, which means that from January through June we have 10 residents, and from June to December we have 15 residents. We have a vertical integration system of big sister/brother, almost like families. Each resident has their own cubicle, and each family has access to 4 chairs, which means that there are either 1 or 2 chairs for each resident to be able to see more than one patient at a time if so desired.

4) Explain the diversity of your program (where people are from, etc)

We take diversity very seriously in our program, in both the faculty and the resident sides. Diversity of ethnic backgrounds and gender are powerful is important in our opinion to better prepare our residents to be successful leaders, practitioners and better world citizens. As part of the match program, we have limited control on the overall class design, but every year try our best to make sure that our class properly represent the society we are part of, and that our faculty and presenters more and more look like our students.

5) What was one of the biggest challenges your program faced during the pandemic?

Without a doubt, the biggest challenge was the uncertainty and the lack of access to our clinical facilities. We had to reformat the sequence of instruction, filling in the days with courses, classes, and seminars, while at the same time managing patients that were anxious about their treatment or needed help. We were so fortunate to be able to count with our clinical faculty's help, who helped us manage all our patients while we were closed. Once we got back, we used the time originally protected for didactics to catch up with our clinical time, and we are happy that we were able to complete all requirements for the graduating class.

6) Anything new or interesting you want to share?

We moved to a health education campus which also houses medical and nursing schools, and the focus is on inter-professional education. We are already incorporating several risk assessment tools, and work with ENT and sleep physicians both clinically and in research. We would be nowhere if it was not for our clinical faculty. We have a select team of faculty members that come at least twice a month and are essential in our program. Our current clinical faculty we owe so much include in alphabetical order by last name: Liz Bujack, Norman DeLoach, Felix Gen, Thomas Herberger, Eric Lawrence, Kenneth Lawrence, Valerie Martone, Zachary Mellion, Michael Sabat, Sharon Schmahl, Andrew Skorobackyj, and Ryan Wenger.

