

OREGON HEALTH & SCIENCE UNIVERSITY

ORAL HISTORY PROGRAM

INTERVIEW

WITH

Jack Clinton, D.M.D.

Interview conducted September 10, 2015

by

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Henry Clarke: Okay. This is an interview for the oral history program at the Oregon Health and Sciences University, particularly for the School of Dentistry. And I have here Dr. Jack Clinton. Jack, let's begin with your childhood and early years in Lakeview. And particularly when you got interested in dentistry for the first time.

Jack Clinton: Well, I'm happy to be here, Henry, and thank you for taking on the job of trying to extract information from me. I was born, actually born in Lakeview, Oregon. Oldest of three children. Come from, my family is very blue collar. My father did not complete the eighth grade. My mother had a high school diploma. I look at my youth, I guess, as being extremely happy. But very austere. And it was kind of a foundation for an awful lot of what goes on. The perspective, I guess, is I was six years old before I knew about and actually experienced indoor plumbing. So that's how long ago it was.

My parents, having three children, they set a goal for all three of the children. And that was no matter what, you will go to college. And that was for obvious reasons. So we lived by kind of a mantra, I guess, is the way I'd look at it. We were always encouraged to do better, to work harder, and to be busier. That started before we ever even went to school.

So there are a few significant things, I think, that related to where I am in the career and what I've been able to do that occurred very early. One of those was that I end up getting a paper route with about eighty customers on it, and delivering every day, which happened to be *The Oregonian*. And I had just barely turned eight years old. And I kept that paper route and used the contacts to generate yard work in the summertime to earn money. And the reason it was important to earn money was that I had to, it was part of the plan, I'm going to college. And I'm going to have to help pay because we simply don't have it. But we're going to get you there some way.

The paper route turned out to be another really important thing as I know, I've reflected, my adult life, quite often, of learning the interaction with people. And in a way, it's sales and managing resources and saving money and responsibility. And all those things were pretty big for an eight year-old. Not so big as an adult. But the foundation, the commitment was really, I never thought I missed it, but it really put me in an adults' world really early. So responsibility was never a problem for me.

Another aspect, my mom, especially, says, join, take advantage of every opportunity. So going to school, band was an opportunity that started at the fourth grade. I was in the band. Scouting, I was a Cub Scout and a Boy Scout.

It turns out that my Boy Scout leader happened to be a dentist. And being a bunch, among a bunch of fairly young people, I had lots of opportunity to talk to the scoutmaster. Because everybody else was off trying to play, and I was trying to find out what this guy did. Because I had had a lot of dentistry and I wasn't sure what kind of person would really want to commit to be a dentist.

Well, as time went on, over quite some time, I was invited into this dentist's office and was allowed to continue asking questions. Also he was showing me impression taking and I had

models of my hand and a figure and ended up with teeth. So I poured it up, I got to pour it up. And here's a kid that's, I was probably eleven or twelve at that time.

It was at that time that I had, I was deciding, I guess, here's really a neat, neat person, who was an adult. He seems to be extremely happy and he happens to be a dentist. When I grow up, I want to be just like him.

So that was the beginning of my pursuit for dentistry. It was not, I never spent a lot of time comparing and checking what would I do if I didn't. And when people would ask me later, you're kind of young to have decided what you want to do, and if that doesn't work out, what are you going to be? And the only thing I ever came up with, I'll be an airplane pilot. Knowing that, I didn't, I'd never flown on an airplane. I had no idea of what it was. But that was kind of a standard thing.

The other interesting thing I guess that happened early in my life and still at Lakeview is I was barely in high school and I was very interested in friends and friendships, and especially girl friendships. And there happened to be somebody that I was a little bit smitten with just because of her appearance. She was a little bit younger than me. She was still in the eighth grade.

So ended up at the, the entertainment, I guess, in Lakeview, was we had a movie house that ran movies two or three nights a week. So I invited her to go to a movie with me. She accepted. I had to be interviewed by her mom and her dad. And of course we walked. And we had to be home and do all those kinds of things. It was kind of an interesting process.

Well it turns out that that date eventually became my wife, Mary. And it will be, our next wedding anniversary will be number fifty-five. So that was a pretty good thing that happened in childhood.

And the reason I bring this up is that throughout much of my career as a faculty member and an adult and all those kinds of things, I've been asked how did you make your decision for a career? And what do you recommend that I do? And the first thing I say, here's how I made it. I think I was just very lucky. But now let me tell you what I advise you to do. And of course, advising you to explore, to check out, to ask lots of questions. Don't stop at the first one. Anything that's interested, what do you, well then, and all those kinds of things. So that's been kind of a joke for me. I don't share the other side of it as often as I used to, as do as I say, not as I did.

Throughout my time before, well I left home when I went to college, but while still in Lakeview, it's kind of, again, interesting to me. I had held positions, of course, with the paper route. But also did a lot of yard care. I had a job in the grocery store as a stock boy, stock person. A checker. And eventually just working summers and vacations. A couple of those. Ended up being an apprentice in the meat market. So I got to do some carving and some butchering, which I think is pretty unusual. Not many people do that. I was able to work with the forest service and did some engineering. Some lines for logging roads, staking them out and doing those kinds of things. Work in construction. A lot of work with nails and hammers and boards. And building up muscles, you know, Popeye muscle thing. A truck driver, carpenter's aide, a hod carrier. I worked in a sawmill, building materials sales and service.

And one that I just threw in because I'll probably forget and I think it's kind of interesting, my first real employment was with *The Oregonian*, and the last non-dental appointment I ever had was, again, with *The Oregonian*. I worked in the sports department here while I was going to dental school taking agate scores and information for very short sports articles.

And I think that from early childhood, that's kind of where all this started.

Clarke: Well, that's great. Now you went then to the University of Oregon. And you earned a bachelor of science in pre-dental science and in general science. So can you tell us a little bit about that? About your pre-dental, your undergraduate education?

Clinton: Well, the first thing is showing decision making, how I made decisions, is I end up applying and being accepted to go to the University of Oregon. The reason I chose the University of Oregon is because it happens to, the dental school in Portland was called the University of Oregon Dental School. And I was convinced that there would be some advantage to going to University of Oregon if they were both affiliated. As it turns out, it didn't make a lot of difference. But that's why I went.

High school, from my experience, was all out everything. And so I was participating in everything that came along, with sports, with football. I sat on the bench in basketball. Thespians, plays, had a lead role once a year for four years being there. And I think that, oh, and band. Band was the other big one. And I spent a lot of time there and ended up being the student director.

So going to college was, I changed my focus. It was dentistry. I decided I was pursuing dentistry the first day I went to college. So all out everything in high school was the way it was, upon reflection. Now I was focused. So I was going to go through, do what had to be done, make darn sure that my application to dental school was as strong as it could be, and that I wouldn't, so this was a conscious decision.

The first one I found out that you could be admitted to dental school with less than four years of college. Immediately my program was structured around the three-year involvement. Classes in college, probably because of the intensity of in high school, and being challenged with extracurricular things, I was a pretty good student. I was in the top three or four of the class, always. And that was always more fodder for my parents to keep me on the college track. Anyway, college was pretty easy for me. And the courses that I need to take, and the prerequisites for the dental school application gave me way more free time than I should have had. And so I learned a lifestyle of enjoying a lot of things that were going on, and some that probably shouldn't have been enjoying as much, wasting a lot of time as I should have.

So pretty quick I found out that to get good out of college I ended up having all the basic science requirements. But I really made sure I scheduled those around some courses that I thought would help me. Accounting was one. Economics was one. Behavioral psychology was one. Actually, I found, over the years I found very valuable, art appreciation. And so I fit those together and did what I was supposed to do. Applied for dental school. And lo and behold, I was admitted.

I ended up getting my bachelor's degree after the first year of dental school. And the then registrar, Ernie Hurley, called me out of class one day, spring term of my freshman year, no, it was winter term of my second year. And said that he had something for me. He had asked me to sign something somewhere and I had forgotten. Anyway, he had petitioned the University of Oregon, sent in the grades and the accomplishments the first year dental curriculum, so I got my bachelor's degree in three years at University of Oregon.

And the only other highlight, I guess, in college was I did have, like I said, time. I had been, a lot of experience being elected and appointed to leadership positions. I associated with a fraternity. And the second term I was there, they ended up electing me president. And that was another very significant non-academic experience in that I got to know the dean of students quite

well, because we had some people that were very energetic and not always focused on what's right and wrong. And so I spent a lot of time, way more than I thought I ever would, dealing with discipline in a fraternity as the president, and working on programs with the dean of students. So my introduction, I guess, to academic administration.

So I think highlights, that's highlights from my college, which probably different than what you maybe would have thought, expected.

Clarke: That's great. Well now, what about highlights in the dental school? You got accepted to the University of Oregon Dental School. And what are some of your memories of the dental school, the facilities, faculty, that kind of thing?

Clinton: Well to me, finally, dental school. And so everything was great. College, like I say, had been pretty easy. Lots of time, and the pre-dent. And so I got used to that. But I found out very rapidly, things are really very different in dental school. There's lots of science classes. They have labs. Instead of the three or four or five lectures and maybe a half a day in the college curricula or coursework. We were scheduled during five and a half days probably accounting for close to thirty-eight, forty hours. So it was Monday through Friday and Saturday morning. And especially the first year was a challenge, because that's where the core sciences, anatomy, physiology, biochem, histology, all those, were kind of focused in that first year. So going from being a playboy to really buckling down and being a student was a real eye opener. There were two things that I found out about at that time. Number one, as soon as we started doing the pre-clinical things, learning about dental materials and teeth and everything, and the preclinical labs at dental school got real exciting. And I didn't have any trouble studying and participating, wanting to make things happen.

And the other thing that I found is that I still was seeking some of those wonderful experiences I had in college. And I got called on that within dental school. So this young lady that we'd talked about in high school at this time, when I came to dental school, we were engaged. But depending on budget, when we would get married. Well, decided that that needed to happen pretty quickly. And that was one of the smartest things, another smart thing I did, is that once Mary and I got married at the end of my first year, first of all, she had a real money paying job and so that allowed us to eat. I had earned a scholarship from Lakeview, a Daly Fund Scholarship, which was for four years of paying essentially half of tuition and room and board at any public school in Oregon. And it turned out that without that, I would never have gotten to be able to go to school. But that was there and that expired after four years.

So Mary came through as the, and it really put me on the right track. Mary was the one that helped keep me grounded and focused. And some of the people that were having way more fun than they should have, actually, of the group that I was running with, there were two of them that never made it to the second year in dental school. So I look back on that as she saved me many times. And that was one of the early ones that made a difference.

Clarke: Now you graduated and immediately became an instructor. And then soon after that, an assistant professor. And then later you were recognized as an outstanding clinical instructor in 1974, '76 and '80. What are some of your memories of that? Of teaching and interacting with the faculty?

Clinton: Well that, again, leading up to it is kind of an interesting story. I really enjoyed patient care and especially the last two years of the curriculum, the dental school curriculum. And I still had a little bit of independence showing in my mind, I guess, as what I wanted to do is to, as soon as I graduate, to find a position as an associate or a partner in an existing practice. And spend the rest of my life providing care for patients. That was where I wanted to be and that was most, just absolutely exciting. And so I did find a relationship. And as soon as I graduated, I think it was within the first week after graduating, I was in a practice. The dentist had been setting aside new patients for me when I came to the practice. So it was absolutely heaven. Absolutely wonderful.

That excitement kind of got canceled, quite a bit of it canceled, after about a month, when all these new patients and everything had come in would schedule, taken care of their needs, and I was spending a lot of idle time. And talking with the other dentist, he made a suggestion. He said, "You know, when I graduated, I found a position at the school teaching. How did you get along in dental school?"

I said, "Great."

He says, "Well, I would suggest you maybe talk with some of the faculty there and see if there's a position part time while we get this practice going. I know it's going to go. We're at the beginning of summer and all the things that go on, that's not a real hot time for healthcare, like going back to school might be."

So I says, "Well, why not?"

So I came in and I talked to Dr. Kenny Cantwell. And Dr. Cantwell was the chair of the operative department. And after talking with him and relating, we shared with what my experiences were and then he went back and checked on my performance in his department and everything. So by the time I left that afternoon, he had offered me a position to work two half-days a week. And he says he'd have to talk to somebody, but he thought he'd probably put me in the operative pre-clinical laboratory.

Well it turns out the person he talked to was the person directing that lab, who was Dr. Lou Terkla. And that become significant in a minute, also.

So I went to work in the lab. And being an instructor while students learning the procedures, the clinical procedures. It was a lot of fun. And I looked forward to going to the lab, but with equal excitement of going into the practice and having a full schedule. And so things were working well. And as part time dental school, and part time practice.

At the end of the year, the one year later, Dr. Cantwell came to me and says, "You've been doing a good job, whatever, in the lab. But what would you think of going into the clinic and teaching in the clinic in dentistry?"

And I remember very specifically being real anxious and almost arguing with Dr. Cantwell saying, "You know, I've just been out of school one year. And I would have probably, if I would have had an instructor prepared as you're suggesting me, I probably wouldn't have been very happy as a student, having somebody that was closer to being like me than otherwise."

And he says, "No, I think you can handle it. If it doesn't work out, we'll find something else."

Well, as it would be, I took the position and it did work out. And it worked out really well. And the next year he asked me to move into the senior clinic and oversee the section of the learning on dentistry there. So that was the first two or three years.

I maintained a conversation with Lou Terkla and with Kenny about this idea I'd never thought of, a career in academics. What's it like? You know, they'd give me little teasers and everything.

Well in four years after graduating was in February, I was home in bed with the flu. I get a call from Lou Terkla. He says, "You know, we've been talking about, you and I have had conversations about a fulltime position. I have somebody that had to, that left rather abruptly. And we need to fill that position. And do you think you would be interested?"

And so I was swirling. I says, "Boy, first of all, yes. I'm interested in finding out. I always wanted to find out. And can we postpone any talk? I'm pretty sick."

And he says, "That's fine. Soon as you get well. Call me the first day you come back and we'll get together."

So I call soon as I get back and we have the conversation. It turns out that the position for directing the DAU Public Health Service grant program was open. So we had a grant to teach four-handed dentistry, or dental auxiliary utilization. The director had left. And so my appointment would be an administrative appointment with the grant to teach four-handed dentistry.

I accepted. I began immediately to phase out my private practice, my part time practice. And I never turned back. I cannot imagine my life having been any, even close as rich as it turned out to be. So somehow I was just in the right place at the right time. Just kind of like the career decisions, my wife, my marriage situation, it just happened quickly. Made a decision and went on and wow. It was just wonderful.

So that's the, the impression of people, maybe the single impression that I think I tried to carry forward to my being a faculty member is having the perspective of working with faculty as a student. Certainly my perspective was very, very different than being on the faculty and associating with these senior faculty folks that are, you know, my idols. And all of, they immediately, as soon as I was part of the faculty, they embraced me as an equal. Which humbled the heck out of me and I never, ever felt comfortable. It's kind of like, you know, you and I have talked in the past, Henry, as I can never call until after he retired, Dr. Cantwell, Kenny. Or Lou Terkla, Lou. It was always Dr. So and So.

Well, as a budding young faculty member, I had Cantwell, I had Dr. Terkla, I had [Dr.] Art Frye, [Dr.] Arnie [Arnold] Neeley, [Dr.] Kline Fixott, [Dr.] Herb Lafitte, you know, all the senior people that were there not to entertain me but to help me. And they would give me advice and pointers and suggestions. So I found that I could contact and talk with any of them. Have a situation that I'm not sure how to go about it? I always had somebody that would help me.

So that kind of stuck pretty tight with me. And as I took on positions of responsibility, I always tried to reground regularly, to say you know, the reason I'm really here is to help them succeed. It isn't about me. It's about them. And that seems to have worked pretty well. So that's—

Clarke: Well along that line, you became very much involved in curriculum development as a chairman of committees, a member of committees, and eventually as the dean and as a faculty member. Tell us a little bit about the evolution of the whole dental curriculum.

Clinton: Dental curriculum is, I may say it two or three times, is really, of all the aspects of the dental school that are part of the dental school community but are not specifically a course or a grade or a procedure or whatever, is, in fact, the curriculum committee. And the curriculum is a

very dynamic instrument. And we continually as faculty remind each other that the curriculum is owned by the faculty. It's not the school, it's not the students, it's not the department chairs, it's the faculty that own the curriculum. And given the scope of what the curriculum is supposed to do is prepare people to be competent, caring, conscientious dentists the day they graduate. And in order, the tool that we have to make that happen is in fact all of the curriculum. And so keeping that curriculum fresh is really a huge challenge.

So on the one hand, you have to be reviewing and be kept up to date on what is happening in dentistry. What is working and what is not working out in the community, out in the state, out in the country. And then pulling out those things that are related to emphasis points or non-emphasis points in our curriculum. And then figure a strategy to introduce them into the curriculum and bring them to the students so they'll become better students.

And of course along the way, you have to train the faculty. And there have been times when the faculty, sometimes the students, if they'd read an article or attended a meeting, knew more about what we were thinking about or possibly thinking about for the curriculum than what the faculty would know. And so it's really a dynamic, it's an exciting time.

And in reality, looking from the dean's perspective, I want the absolutely strongest, most creative, most dedicated faculty members to be on that curriculum committee. There's only one other committee that I think equals in importance in what we do, but the curriculum committee is very much there.

So the things that we went through, gone through, is we started back this DAU program. I was hired in 1968. I didn't know it then, but I feel very strongly right now that the tenets, the elements of the DAU program were the template for what is going to be in dentistry in the next generation. And that turns out to have been exactly that. And so an awful lot of the curriculum work was taking a little segment, introducing it, putting it into the curriculum, and then finding things that no longer apply and pulling them out. And so lots of hard work, extremely, extremely rewarding.

And so curriculum committee, there's a lot of little things, or a lot of things that we did, but it was incremental. And I think we're still enjoying that. And I think we're building that staircase that's going to take us to kind of the next major iteration of change in the provision of dental care. And I might even explain all that later.

Clarke: Well along with that, you did a lot of lecturing on four-handed dentistry. Was our school one of the first to really implement that? Was that a program throughout the country?

Clinton: Turns out, yes, the Public Health Service made it a nationwide initiative, I guess, and funded dental schools. And they set out the parameters of what the DAU program or four-handed dentistry. I use them interchangeably although they sound kind of different. But how that would work. And the idea was to create a work area that is more efficient than what we had been doing before. If you could put in, you and I affectionately remember the old dental unit as being a gas tank where the unit was with an electric belt that runs around. And then a bone crusher or a barber chair. And it was not conducive for providing dentistry. It was, got the instruments that you needed kind of in the area. And it was a place for the patient to hang the rest of the body while you were working on the mouth. And it could be done in a relatively small place, probably a six by eight space, forty-eight square feet. And the dentists worked by themselves, didn't have a chair-side person at the time. They didn't do what we now know as sterilization of instruments

and infection control procedures. Privacy was never an issue. Preplanning what you were going to do and organizing instrumentation for efficiency and all that, no plan.

So all of those things become a fairly significant time that needs to be broken down and taught, and then assimilated and associated with all those other tenets. So I pretty much spent my whole career kind of building on that model, starting back with that, what now I call primitive, to what we really just this last year were able to kind of close the loop, mostly, anyway, on what optimum facility in order to provide excellent and optimum dental care, what would be the setting. And we finally can set that. So I've got, you know, forty-five years in the kind of building little things.

Yeah, I taught a lot out in the community. Study clubs, dental component societies, manufacturers, anybody that would listen. Because it became kind of a campaign. And as things progressed, every time somebody would adjust, say, "Boy, that was hell to change my habits. But it's certainly worth it."

And one of the mid-level things that occurred is the idea of personnel management. Where the dentist had been a very solo practitioner, now we're engaging people to answer the phone to make the appointments, collect the fees, be at chair-side and assist and mix materials and pass instruments and evacuate the mouth and spray and clean and all those things that require something there. So all at once the dentist now has become a business manager with a significant role as a personnel manager. So payroll and motivation and responsibility, performance evaluations, all this stuff, the detail of how to do procedures. What to do. It became, and it's ongoing in creating the structure to make that happen.

So my career, again, you know, somewhat in gest, was about figuring out how to practice four-handed dentistry as kind of conceived, elementally conceived, by people with the Public Health Service in the late '50s and early '60s.

We were, in fact, one of the first, I can't remember what it was, fourteen or sixteen or something, schools to receive a grant. We then kind of, we had the grant for X number of dental assistants. I can't remember, six, five or six dental assistants, who would work on a rotation maybe one week a year with a dental student who'd teach them the principles. But then they'd have to go back and work as an individual because we didn't have a facility, even at that time we didn't have a facility that would accommodate this extra person.

Clarke: How does this all fit into your involvement with the dental hygiene program?

Clinton: Well, it was kind of an accident, I guess. With the hygiene program, the same person that left with the DAU program had a very significant responsibility in the dental hygiene program as being the dental, the dentist clinic director, is that what? I can't remember the name of it. Anyway, they had to have a dentist, doing dental hygiene procedures, a dentist has to be present. And the dentist has to verify the procedures that the dental hygienist has done.

So I was temporarily put in, "We need you to fill this gap."

And I'd already had some, we'd already started integrating the concepts of four-handed dentistry or DAU with the dental hygiene program and with dental hygiene profession. In that when you say dental auxiliary utilization, dental hygienists are auxiliary. In that capacity and the principles that apply to dentistry apply to dental hygiene. So I was doing some of that.

I also was asked to fill in with their admissions committee and their curriculum committee to help with those. And I agreed. So I maintained my relationship in the senior clinic teaching two days a week those, and then I did the DAU stuff and the dental hygiene stuff.

Well, that was kind of a fill-in. And as the dental hygiene department found people that could dedicate their time solely to dental hygiene, it kind of phased away. So that was the thing that maybe had a little early influence. And then it became more on the plate than I could really take care of. And so maintained the friendships and everything, but—

Clarke: Now you've also been on the admissions committee and the rank and tenure committee as well as the curriculum committee. And an advisor to the OHSU Foundation and other things. What stands out in that area with you?

Clinton: Well, again, the committee structure is something that has to be done, but it's not in a class and it's in theory it's volunteer, but it's appointment. So you mention the tenure committee, the rank and tenure committee. That is a position that's elected by the faculty. It's charged with evaluating the accomplishment and the responsibility of individual faculty and their research and their contributions to everything. Their service. And it's a full application process that then gets reviewed by the committee of four or five people. And recommendation then goes to the administration, the dean, whether to approve or not approve promotion in rank or promotion in tenure. A very responsible, a very important aspect of, certainly of our dental school.

As it turns out, the whole review process is very motivational. So being a faculty person, it's really extremely important to get feedback. And this forces feedback. It also challenges the opportunity to challenge wherever a person is in their career development, to move forward and to continue to work at advancing your knowledge and your skill and your service and everything that happens. So, yeah. You get to serve there.

And I guess one other thing that comes to mind, especially within the dental school. Committee activity is assigned primarily to those people that have a more than half time appointment at the dental school. Almost all of our clinical faculty, except a few that are fulltime, have part time, one or two or maybe two and a half days, of faculty, of appointment. And their job responsibility is to work as a clinical instructor in the patient care area. So we have a great number of people that work a half a day, one day, a day and a half or two days. And we continue to have that, or the people that oversee our clinical training. So all the committee work that happens within the school, it always, the general desire is to have representatives from the clinic and representatives from the basic science areas. So basic scientists tend to be fulltime, have fulltime appointments. Clinical scientists, if you like, clinicians, tend to have half-time.

So being one of the few fulltime people that had a clinical basis put me in a high demand. So I got the opportunity to serve on a lot of committees that because of my fulltime status. I think the one committee that I mentioned, or come back to just for a second, that would be the admissions committee.

And the one thing that I hope that I've contributed a bit to, because it's been a very, very controversial approach to student admissions. And that is, we gather all kinds of metrics on an applicant to get into dental school. Their GPA, we analyze it fourteen ways. Their dental aptitude test, we get scores, we analyze those. We get letters of recommendation from their faculty in college. We're looking for grades and performance in college things. We're looking for hours of time spent checking out dentistry. This is now, it has grown from, this is one that hasn't always been in place. We look at all these kinds of things except the value system. The personality and the value system. And it seems to me that learning the procedural things in dentistry is sometimes very difficult. But it's teachable, it's manageable, and it's pretty much a metric exercise, meaning that it's something that, if the procedure you're doing happens to be in the

mouth, the procedure has standards and you know whether it's good or bad. What we don't have is the guidance for how the dentist, how the healthcare provider should relate to their patients to benefit the patient's understanding. To benefit the patient's health. I know about benefiting *my* health, because I want to be able to sit comfortably. Four-handed dentistry told me that. I don't want the back issues and the back strains and the neck things and the eyestrain and all those. But what should I be doing for the patients?

And so it seems that being able to measure, and I think they're the four keys to being a dentist, probably a healthcare provider, maybe even for being a human being. And that would be integrity, it would be respect, it would be truth, it would be compassion. And that's what I would like, how I would like to select dental students, is be able to really interface with the student in whatever way. Certainly interview would be part of it. But have documentation that they do have certainly a skill set in dealing with people with integrity. With using integrity as a basis. And for focus, for all the things that I'm concerned about. I'm concerned about as a patient, very different things.

It's really interesting, even myself, when I'm a patient of a healthcare provider, I'm assuming, I shouldn't, maybe, but I'm assuming that they had adequate skill. And I use "adequate." Adequate skills to be absolutely safe. And they have adequate judgment for whatever they're doing, they're quite confident that it's going to improve my health. And then I make my decision on how well do I get along with them. How much do they care about what I'm doing? How concerned are they? Are they distracted? Can they focus? Are they willing to work extra to find out about something they don't know quite enough about to get me a better answer? That's what I want my healthcare provider to do.

And as the dental school, we get the opportunity to select who's going to get the privilege of practicing dentistry. We are creating those people that are going to be the dentists for the rest, my dentist, probably. So why not select the people that we either train them or we complement it with people that have some of those values, those qualities, that, and have learned to refine them in a way.

And so, admissions committee was a real lot of fun for me. And I did it for a lot of years. I did dental hygiene for a lot of years and I did dentistry for a lot of years. And I'd like to think that's one of those with, some of the conversations and some of the conflicts that seem to have occurred because of me being a little bit hardheaded, I want to think that maybe I really have done some, made a difference in that area. And I think that, again, every year I see evidence that it's growing. So.

Clarke: When you became the dean, you had the privilege of recruiting new faculty. So that seems to me that might be somewhat similar.

Clinton: Kind of the same story.

Clarke: Yeah.

Clinton: Yeah. Yeah. Personnel selection, employees, and I'm even going so far as to try to teach my grandchildren how to look at friendships. And what you may expect and want to do out of friendships. That it's just, it's become a real mission for me. Unfortunately, for some.

Clarke: You served for about two decades on the Dental Careers Institute. You want to tell us a little about that? And as I understand, it was the only career exploration program of its kind in the country. Is that right?

Clinton: We were certainly the first one. And it was quite a few years later that I got a few requests to send them our curriculum. Because they wanted to do it and they wanted to know how to do it. And I'm trying to think, Michigan, maybe, was one. But I can't remember who they were. So you can strike that if you want. But the Dental Careers Institute started out as a junior dental institute. And we need to really credit the vision of Dean Lou Terkla. This was a vision that he had of helping, again, select the people that were to provide an experience that would help motivate people to become dental students and ultimately dentists. And his idea was to take overview segments of our curriculum and make kind of summary presentations to high school and early college students. A group of high school/early college students. And have representative presentations and activities that kind of cover the scope of what dentistry's all about. So they have an exercise dealing with dental plaster and maybe dental anatomy. We always had them use a dental handpiece and make a cavity prep on a tooth. We had them, and for many of the early years, we had a whole day of human anatomy, where we would give lectures and we'd actually go into the cadaver lab and observe and do some, well, we weren't doing dissection, but certainly reviewing dissections.

So the first one was a two-week program. And we were responsible for housing for the participants. And that lasted about, on the second year, Lou stepped back and I was appointed director. He continued to teach some, but he had another fairly significant job of being dean. So I think I was program director for about twenty years. And it eventually became a one-week program without housing. Because we did a lot of evening types of things. But it kind of phased away because of the concept. We were, in fact, the only one to do this. And the value was the people that went through DCI, or JDI, became much stronger students much quicker. Because they had some feel, some orientation. So it was kind of, in a way, an orientation program for students.

And occasionally we had students that would come through here and they would be just all over themselves thanking us, and sometimes parents, thanking us for that wonderful two-week program, or the wonderful one-week program that their child went through. And how's that going? Are they going to become dentists? No. Exactly the opposite. They decided, after going through that, that that just wasn't a match. And I wanted to hug them and congratulate. Because that is what the program was all about. Learn enough about a profession that you can make a decision for where you want to go next.

Clarke: You were associate dean when the patient simulation clinic opened up. What's that all about?

Clinton: Well, back to the DAU thing. Patient simulation is providing a mannequin and all the dental operatory devices in a laboratory setting where you can simulate a patient in a chair receiving dentistry and optimally with a chair-side dental assistant serving their, practicing four-handed dentistry. So what really came out of this was considerable research resources by major dental manufacturers of designing, inventing and designing some sort of a head in a box type of thing that would replicate what all the mechanical things that dentists do to perform procedures. So what would that be?

First of all, it has to have a mannequin. And in order to get to the work area that dentistry's mostly done in, in the mouth, you need to somehow have a mouth on this mannequin. And you need something like lips that you've got to push out of the way to get there. You need some device inside to hold teeth. And now we have ivory or plastic teeth. But we still use quite often actual human teeth. And we gather those in the absolutely appropriate way and legal way. But we do bring them in. We process them. But it is important for the student to get an experience working with real teeth or removing real tooth structure before they do it on a patient. Because it is unique, and it is very different, and you don't want a patient to say, "My God, I've ruined, I was the first patient for somebody, the first real patient." So it's got to be a pretty smooth transition. Kind of like the first day that a pilot gets to fly a plane. They've got an awful lot of background working simulator or having somebody guide with them and everything. So it's kind of the same thing.

Well where we finally arrived is the dental light, the big light that we pull over the top, has been, the new model, I guess, uses LEDs. It's much better light. It's a better quality. It focuses better. It does all the things. But that is part of the simulation unit. And that's, actually that's where the LED started. Now it's on all the patient care lights, because it works so well. But we wanted something that didn't cause a lot of heat in the sim lab. So it has a handpiece connection. It has a three-way syringe, which is water, air, and spray. It has a vacuum system. It has an ultrasonic, when you get your teeth clean. If you have something that zaps around a little device and vibrates ultrasonically, it has an attachment for that. It has an attachment for electric handpieces. We're now going to electric handpieces in the school. Historically we started with a belt-driven, an electric belt-driven handpiece and we went to an air drive handpiece. And then an air turbine, or vice versa there. And now where it all started, electric, we're back with electric. Why do we do that? That's in the curriculum. How we got there is because we have found, through research, that the electric handpiece, the way it manages the bur, and with the torque, is much kinder physiologically to the tooth if you have to cut it. So it causes less problems. Less post-op problems, than an air drive handpiece. So it had to be incorporated. But that's what we do as faculty.

So we're the first dental school, by the way, to install an all-electric handpiece system in the country. The first one. We were a year ago. I imagine there's one or two more that were added this year. And give us seven years, everybody will be there. So we're leading the troop again.

So anyway, the thing, we can also adjust up and down the chair height. So all the tenets of four-handed dentistry, we can replicate in the lab. Students spend about a thousand hours there before they go into the clinic. And so, when they go in the clinic, the only thing that's new and different is the patient can greet you, they can smile, they can complain when they're uncomfortable, and there's also saliva coming out. Although to manage and muscles and whatever, but we do use water in the simulation area. So we have the vacuum there. It's amazing, it's incredible. It's like a flight trainer for pilots. But this is for dentistry.

And the model, the standard model, I have to throw in a plug. We've been very fortunate to be located right next door to the largest dental manufacturer in the world. And that's A-dec. It's out of Newberg. And working with us, us working with them and them working with us, a lot of the design features for the equipment and for the simulator were put together with a lot of input from OHSU School of Dentistry.

Clarke: I think that's really interesting, because with the evolution of all of this technical improvements, our school was also one of the first to start the, using the high-speed, air-driven handpieces. And I think you were involved in the development of the air-bearing, high-speed handpiece and the variable control foot control. Can you tell us a little bit about that?

Clinton: Being in the right place at the right time had something to do with it. Because it was an air brake company, Williams Air Brake, and the company made relays to brakes for the trailer of a logging truck. And the reason that was important, when the driver would step on the brake, the cab, the first by using wire or whatever it was, the first brake that would go on would be the rear wheels of the cab. The trailer was back there. And so coming down some of the steep roads or whatever, you'd slam on the brake. And pretty soon, the cab stops, the trailer keeps going and would swing around. And so you'd jack knife. So it was a big safety issue.

Norm Williams did, by the way, solve that. And that is the standard in all trucking throughout the world right now, that he came up with.

But he also had, Norm Williams, he was an inventor, he had a great interest in orthopedic surgery. And trying to devise, and cardiac surgery, also, cardiac care, visceral care, if you like. But they wanted something that would open up the chest of a patient much less traumatically than what they were using. You know, the Black & Decker skill saw. Not really, but that was, so they were looking for a device that would work off of, you couldn't be electric, and an awful lot of the devices were electric-based. So it couldn't be electric because of the anesthetic gases. So anesthetic gases would have the potential of exploding. So he was looking for something that would run off of air.

Well, the air-driven handpiece, then was dependent upon a control. So it had to somehow get power to this handpiece. And what they ended up doing is creating a miniature turbine, a little fan with little, like, it looks like the inside of a jet engine on an airplane. It would spin around. You'd shoot a small stream of air, catch up that fan. A bur, and you have a clutch to hold a bur in the middle of that fan... So as the fan turned, so would the bur turn, which would cut, which would be able to cut the tissue or whatever. And so that's the basis of an air-drive handpiece, air-drive handpiece.

Now what Norm Williams ended up doing with Kenny Cantwell, who was the chair of restorative dentistry, and Kenneth Austin, who is president of A-dec, what they ended up doing is figuring out a way to direct the air in, create a vortex without veins and suspend a chuck with a bur in it in a very thin area so that there would be no friction. The friction with the bearing, the ball bearing, created heat, created irregularities. And also you had to oil it. So it created a contamination. So the big thing that Norm Williams and this trio did, they created something that did not need electricity. It did not need lubrication. And it would turn essentially at, essentially a half a million rpms per minute. And it was very smooth and would take care of tissue, or tooth tissue. You could just kind of paint things away. And that's what most dentists are using that type of device that all the companies are making now. And that's the most popular handpiece system in the United States.

That, as I mentioned, is going to change, I predict, pretty rapidly as we move forward to going back to the electric system. As we found that the air system that we, the air bearing, having a blade that has four flutes on it, by spinning it as fast as we would, nobody could figure out a way to perfectly balancing this little bitty bur. And so there's a little bit of a weight difference. And you turn it up at 400,000 rpm, only one bur was cutting. Only one blade, I mean. So there were three blades that are riding, coasting [three of the four flutes not making contact], and one

blade [flute] is cutting. So spinning around and there were just, and so that's what was causing the micro-shattering of tooth structure, which is something we'd rather not do. Because long-term, it does tend to weaken the tooth. So good question. I hadn't thought about that for a while.

Clarke: It's interesting. Well, expand for us a little bit on your work with the Oregon Board of Dentistry. Evaluating dental hygiene and dental assisting programs, as well as what else you did with that.

Clinton: Okay. Oregon Board of Dentistry has a responsibility, a two-fold responsibility, as given to them or imposed upon them by the state by-laws, state legislature. The one is to assure that the people that have a dental license are in fact competent and have a diploma and have the appropriate training and ability to provide care to patients. So they are responsible for the licensure exams and license renewals and continuing education and all those things [procedures that can be delegated to auxiliaries] to delegate.

The second thing they have responsibility for is the curriculum, the management and the curriculum of people of the dental, of dentists. So what they learned, the curriculum that we, is the guideline for student learning to become a dentist, it has to be approved by the Board of Dentistry. In conjunction, or in concert with the Commission on Accreditation of the American Dental Association. So in essence, the dental profession is responsible or takes responsibility for the training and for the content of curricula through this Commission on Accreditation of the American Dental Association.

The state of Oregon does, they add another layer, or they interpret whatever, and so they impose a similar standard, mostly related to facilities and experiences and the ability for a dental practice site to actually accommodate providing legal dentistry.

They also, the Commission on Accreditation requires an endorsement from the state board before they can grant, by any state board, before they can grant full accreditation status. So being in the DAU thing again, and the board does have responsibility for dental assisting, dental hygiene and laboratory technology. So it turns out that I was an easy mark to become a consultant for the board to carry out these validation things that with the accreditation standards. Also, the initiation of any training program in dentistry or dental hygiene or dental assisting or whatever require an approval by the board of a site visit. And so I actually conducted site visits with a board member for people that were still waiting for their accreditation site visit. So I did that.

I was, I have served as I think, well, I know quite a number of others, as a consultant or as an advisor for many a dental hygiene program or dental assisting program. I've done a lot of those types of things, mostly in the state of Oregon.

Well, the next level of that is that somehow the word got out and I was invited to become a consultant for the Commission on Accreditation. And the consultancy was to participate in site visits where a lengthy self-study, mostly my thing was for dental assisting programs and dental hygiene programs, where there's a lengthy self-study and a description of the facilities and the faculty. Every aspect of operating an educational program is identified and reviewed, evaluated and with recommendations, self-imposed recommendations of compliance or of need to change and whatever.

So that's an ongoing, every one of these dental assistant/dental hygiene programs has to be accredited. And I think the cycle is probably every six years, five, six years, something like that. So there's a lot of them in the country. So I was one of probably a dozen consultants for, I

had a, I did it for three or four years. And they'd send me anywhere in the country to join up with a team of three other people, usually. And we would spend two or two and a half days just reviewing the self-study, reviewing the facility, interviewing people, the faculty, the patients and everything else. Wrote a report, then, to the Commission on Accreditation. And based upon that report, it was determined whether a program would be accredited for a period of time, or they could have some sanctions placed on it and have to fix those and be revisited, whatever.

So truly a delightful opportunity. It's one of those special things that if I never knew about being a faculty member, I would have never had that experience. But it worked out really well because some of those I was able to tag a day or two on the front end or the back end and have a little bit of a vacation. And Mary always accompanied me. And so we got to see things and places that I know we would have never, ever taken the time to do before.

Clarke: Yeah. Now when you became dean, what were some of the challenges, as well as the successes you had? What's your assessment of that?

Clinton: Well, I can jump real quickly on the most significant challenge I had. And I still carry this one. And this was when I was, when I had to carry out the phase out of the dental hygiene program. And that was a very, very difficult situation. And it had a good basis for why it had to be closed. And it was, you know, it was an administrative decision. But the only caveat is that the, and it turns out that at the time dental hygiene program was the only entity, the educational entity within the School of Dentistry, that did not have some duplication of in the community, in the state of Oregon. And so a budget cuts and reductions, and we got to a place where we had to lop off something. And that was the last standing vestige, if you like, of being a duplicitous program for something in the state of Oregon.

And since then, I think it has turned out that our changing that has allowed some of the other programs to really flourish. And maybe where from a profession standpoint and from a population standpoint, I'll rationalize and say we're probably much better off from a health manpower status than we were before that happened. So that was one that I didn't like doing. Because it got personal.

Another challenge that is certainly not new, but we continued to, we've lived with and we continue to look at budgetary restrictions and reductions from the state of Oregon, the legislature. And we're seeing that we have a recent past history of doing one or two budget reductions a year. And sometimes originating from the state of Oregon, sometimes originating from the university. So that's something that's an ongoing challenge.

And I guess I have another, kind of an offshoot of that one, is that because this appears that this is a way of life in the future rather than a temporary change, I don't see the legislature or the university investing a more regular budget or regular allocations to the School of Dentistry, we're seeing a change in the structure of the School of Dentistry. And it gets down to the budgeting process where now have added a line item that talks about targets for budgets. And it turns out that a target, a budgetary target is in fact defined as profit. So the history of the School of Dentistry has been that we are a non-profit. And that the fees that we charge and the tuition that we collect and everything is simply the amount that we need to offset the expenses of running a darned good, very good, dental school.

Now those line items, such as patient care and maybe employee compensation and salaries and benefits and all those other kinds of things, we have most of the line items in the working budget now do have a line that says "target budget." So what it does to us from an

administrative standpoint, it is necessary to put aside money for profit each year in every annual budget. And the designation of how that is used, in most circumstances we shared because it's fairly new, it is shared that well, your target budgets will be allowed to be redirected back into the entity who has generated those. However, we've been also told that we do reserve the right, that there may be circumstances where the university will have to intercede with all these targets, maybe.

So that's a challenge for the people that are following me. It's certainly a challenge for me to, what do I want to say, to really engage in the new model. I don't have enough information yet to really endorse and get behind it and understand how this is going to benefit, be a benefit to us over what we had in the past.

So, and the last challenge that I see is related to this little discussion was balanced budgets are now growing to where they're totally, or not totally, but substantially dependent upon a quite robust philanthropy enterprise. That means fundraising and gifts of philanthropy are moving pretty rapidly to becoming, you're talking about a line item. A fixed line item. So you'll end up with, I can see us ending up with, "In order for your budget to balance, there will have to be X number of dollars that have been received from gifts." And our philanthropy base, of course, are graduates of the school. And so can we do it? Probably so. Do I think it's right? I have to work on that.

Now, that's my challenges. I'm ready to go through a few successes.

Clarke: Successes.

Clinton: If you want.

Clarke: You bet.

Clinton: And I'm going to probably just reference these and try to not spend a lot of time elaborating. Under my influence, I guess, as the dean, or as, in some cases, it started before I was a dean, I created a strong, cohesive, administrative team of deans, directors and department chairs. And I think that was by design and I think we did a pretty good job of it. At the time I've earned positive university administrative respect and support through participation in what was then the Presidents' Council. And the reason this is quite relevant is we did have an administrator who was unable to show even a working degree of compatibility with the university that was representing the dental school for quite some time. And so regaining that relationship made a lot of the things that we're going to follow up here possible that absolutely were essential with administrative responsibility.

Reopened a graduate pediatric dentistry program, including new pediatric dentistry, patient in and patient out-clinic at Doernbecher Hospital. Been down for, I don't know what it was, ten, twelve, fourteen years, we reopened it.

Made a commitment to reestablish a hospital dental service and a new associated general practice residency program. And was successfully, part of successfully recruiting a director was in place and thus should be, we'll be admitting our first residents next year. And the facility and everything's there. So that, was real happy with that.

Spent time, would describe the plan to open, create, if you like, an advanced education general dentistry program for one and, later, two years, of advanced education after graduation. That is going forward. And we have now identified and hired a director for the AEGD program.

It will be a program that will probably accommodate four residents per year and has a potential of being a two-year program.

Adopted and installed our clinic management system, called Axiom. Axiom is a digital, computerized system that keeps patient records, including appointments, progress notes, billing, payments, all the care that they've received. It also tracks a patient treatment planning. It's all done paperless. Oh, the other thing that I think makes it very unique is that it does track and record student accomplishments, or grades. So our grading system is built into our management system. Our accomplishments and requirements and all those things are in there. And again, it's all paperless.

By the way, at the same time, I don't know if it's here or not, at the same time that we installed the Axiom, we have now radiographs are all filmless. So they're all digital. We do not have x-ray film. We do not use it anymore. So filmless radiographs, or radiography is the standard now. That's happened within the last two or three years.

We've initiated and expanded the student outreach clinical rotations. We started out with the last three years, two or three years, maybe a dean would get, we started out with just a few students, spending a few days, not together, but in outreach thing to where this year it has grown to where we're targeting three to four weeks of outreach experience for every student, every senior student. And the next move will be to move this experience and to have a rotation, also, on the third year. So that's pretty exciting.

We changed the pre-doctoral clinic from a one patient, one student model, to a six-group practice model where treatment and experiences are coordinated through the, we named these practices after some of the Portland bridges. But they're coordinated through the bridge practice instead of an individual student. A student is appointed to one of these group practices at matriculation, I like that term, and it goes all the way to graduation. So they work with one, in one practice, their total career. And that's got to about five, four or five years into this. And it is really working very well. And again, we are the first school that ever did this. Now there are quite a number of schools that are doing this, or some close iteration.

We created and introduced the annual white coat ceremony for the second-year dental students, kind of celebrating the step from pre-clinical and pre, the science basic part of the curriculum to the clinical curriculum.

We implemented a customer service program based on support and guidance from the lean team, which is the efficiency team. I can't remember right now what the LEAN stands for. But the LEAN team from A-dec. So they shared with us some of their trainers and brought them in. and it really worked very well. It since has been suspended by people that are making the decisions now.

Sponsored, I guess, a much stronger advocacy for strengthening the supportive relationship between the School of Dentistry and the alumni association, where we now have a joint ownership and sponsorship of events, awards, scholarships and all kinds of, whatever we do, including philanthropy and giving.

And what this really was is we had a situation that needed quite a bit of help. The alumni association and the school were trying to do the same things but were independent of each other. And so figured out a way to merge their budgets so that they had to work together. And all at once the attendance to the board meetings, the four to six board meetings each year, went up to 90 plus percent of the twenty-six, I think, twenty plus board positions, from a time of as little as two or three showing up. So in that regard, it helped a bunch.

And obviously the, creating a forced relationship, if you like, a budget relationship, as we went through all the fundraising for the new school was, made a big difference also.

So that was the highlight of some of the successes, if you like.

Clarke: Well along that line, what can you tell us about the beginning and the evolution, the development and the accomplishment of the new school at the South Waterfront? And maybe along with that, what you see as the future.

Clinton: South Waterfront is really a career-focusing, I guess, event. It turns out that probably as early as 1990, or in the early 1990s, there were, it was recognized that our facility was really in dire needs of major, major remodel or replacement. And it's back to that same model I've talked about as the four-handed dentistry thing as we were, techniques and procedures were being introduced to the profession that had to be incorporated into the curriculum because of our commitment to be contemporary. But also it was what was happening in dentistry. And we didn't have a place or a way to do it. And so it was really frustrating. So we started, we had conversations, multiple conversations of looking for a way to relocate. And at some time we even considered since we have this facility, maybe if we cut our enrollment in half that would free up enough space that we could actually treat or keep up with some of the happenings.

Well, it continued as a topic of discussion and a lot of things became even more prevalent. And finally in 2005 it seemed to be a time that the university was posturing about a major development here on the Waterfront. And that development was based upon the gift, the Schnitzer gift, that brought the South Waterfront property to us. And there was a time limit of when something had to start happening there. And so the university said we need to do something.

And somehow in the next time, and I don't know when this time occurred, but it did occur, is the State Board of Higher Education and university presidents and probably representation from the legislature did some brainstorming. And I don't know where the original came from. Maybe it's because of the property that OHSU owned and hadn't designated how to use it. But the brainstorming came up with, the bottom line was, let's merge some of our, what do you call it, the maintenance, the budgets, the capital budgets. Let's consider merging capital budgets from a number of the entities. And put it together, a large enough sum that we can really do a major project.

And that ended up being what happened. So it ended up with OHSU, Portland State University, Oregon State University. It started with University of Oregon. They kind of backed down. They may join later. It started with OMSI and that maybe will come a little bit. To where it ended up that the three major universities, Portland State, Oregon State, and OHSU ended up with a very substantial budget of, a usable budget. But it had to be partnered.

So then the concept, what can we do together, and the concept of collaborative training, collaborative education, interdisciplinary care from healthcare providers, would be a good target. That resonated and went through the approval stages and was approved. And at that time, there as a sidebar penciled in, so to speak, suggestion that somehow, someplace, it would be nice if the School of Dentistry could be incorporated in this. And part of that was well, the School of Dentistry doesn't have the budget. Well, the School of Dentistry was part of OHSU, but that's a whole different story. Okay. So we were not, we were penciled in.

The architects and the contractors were selected. The architects were beginning to look at footprints and floor layouts and all kinds of stuff and picked out the site down here. And this was all happening. And dirt started to be moved in the summer of 2010.

And immediately following that, there was a realization that the opportunity, things were falling into place, and the opportunity in this die note of dentistry being part of a collaborative life science building was said, you know, this is feasible, what can we do? Let's take a look at it.

So by the time of, this was happening late 2010, of how do we go about, where do we go with this? So the president appointed a blue ribbon panel of pretty distinguished people. There were the leaders of dentistry in the state of Oregon, including one from ODS, a person from ODS, a person from A-dec. Certainly the state dental director of Oregon Dental Association and university and School of Dentistry faculty.

So blue ribbon panel was put together and charged to create a report. I won't worry about that. They did provide the report. And the report, in essence, was based upon the admissions, the class size. It was based upon the programs that we have or that we could expand to. The patient care model of could we treat more patients and those kinds of things, and how much space would we really need?

So they came through, they recommended it. A sidebar, a sub-group of the blue ribbon panel and university then devised a budget plan. And we had a meeting then with the administrator, the dean of the dental school, and this plan, this group that put together the plan. And in essence, here's what they presented. They said based upon the dental school that you have, you're going to need for the clinical enterprise of a new facility, you're going to need about 70,000 square feet. Based upon the cost of construction, everything's going on, that's going to cost about seventy million dollars.

We, the university, out of that 70 million dollars, will sell a bond and guarantee the sale of a bond for 20 million dollars. So we'll buy the bond but you the dental school will pay the interest on it. That leaves 50 million dollars. The school, over the last few years, through budget management, if you like, has been able to save, anticipating that there was going to be a time when we were going to need this, we were able to save seven million dollars. So I obligated that seven million dollars. So that brings us down to 43 million dollars. The 43 million dollars is what the school will have to raise. Can you do that?

And I remember specifically answering the question. Something like, "You're damn right I can do it. We will take that and we will make it happen. We have to make it happen."

And it wasn't much later, it was not that same day, that we had a meeting with the university. And the president shared that, he says, "You know, 43 million dollars, we recognize, you've reminded us, that nobody else has done this. No other dental school has done it and nobody else has really done it within the university in this way. The challenge a program to take care of." He says, "So I certainly believe you. But I would like, you know, to provide maybe a test of good faith."

And the test of good faith, then, fell out to be, you have 43 million dollars to raise. And if you can make sure that this is possible, and we remind him of we never received a gift of seven figures, a million-dollar gift, the School of Dentistry never had one. And so he says, "Okay, you identify with pledges or actual gifts 18 million dollars in ninety days. What do you think?"

I bit my lip and I says, "We'll do it. And we'll be here before ninety days." I had no idea of how we were going to do it. But I accepted the challenge. We were going to do it.

So at the end of sixty days, they wanted a report on where are we? And the report came in, at sixty days we had 27.1 million dollars identified. And we had a busy sixty days. And how

did we do it? We had three, actually four, major entities that made the difference. One was we had a, we cultivated, if you like a 10 million dollar gift from Eugene Skourtes, president of Willamette Dental. And that in itself was really an interesting story about philanthropy. But it did work. And Gene is still very, very proud. And he gets emotional about how fulfilling and how happy he is to have been able to make a difference there.

We had two gifts of pledges that were five million dollars. One was ODS, Oregon Dental Service. The other one was A-dec. And A-dec included equipment, some equipment things that go on there.

And then the last one is we had a very nice gift from the Oregon Dental Association which really was, the gift was important but it was also the endorsement from Oregon Dental Association for those dentists that are not necessarily graduates of ours. So that added another third to our population of graduates and non-graduates of dentistry. And that's where most of our philanthropy came about.

So it turns out we did meet the challenge. And it was really, we played catch up throughout the whole process. It was a very accelerated project. We ended up in selecting a site rather than creating another foundation. They had kind of thought about it. They beefed up the existing foundation of the north tower. And that allowed us to build six more floors, which were the dental school, on top of the north tower. And that's where we ended up.

The one parameter that we protected throughout all of this for the new school goes back to the DAU standards. Is we had to have a facility that would accommodate the optimum practice of dentistry in the most contemporary way that is accepted by the professional practice. And that by definition became a ten-foot by twelve-foot space with all of the latest equipment and devices that successful, practicing dentists in contemporary practice are using right now. And so that's exactly what we did. And so we look at the equipment that each one of these operatories has. It goes back, it's exactly the same equipment, the same devices, anyway, we have in the sim clinic. So we have about 230 of these operatories. Almost every other aspect of the project had been adjusted or changed in some way. Those operatories were held inviolate. So I should probably put that on the success list. Because I was the only one that had one issue that nobody can touch and it worked out. So.

Clarke: That's great. Where do you see the future of dentistry? Do you have a vision of that?

Clinton: Yes. Where was the future? There's the easy future. We have another break here, I can tell, don't we? Okay. Future of dentistry. Well, the School of Dentistry now has a state of the art patient care clinical facility. We have a very strong presence in the interdisciplinary patient care and provider education. So I look at the school as very well postured to actually be among the earliest, if not the earliest, in actually of implementing the interdisciplinary care model. And hopefully it would be an advanced model, we're kind of in one right now, where we actually have the principal healthcare providers, meaning the physicians, the dentists, that are practicing with the interdisciplinary procedures and the care for the patients. I think we're in a perfect position to look to the future. We've spent quite a while preparing for the future. Now it's here. Let's make it happen. I see a great revolution, I guess, starting, it's already started in technology. And technology that supports what we do for dental care. Technology in education. Certainly the ability to provide input for patient care with teleconferencing, and actually being able to exchange views of maybe even a physical exam of a physical exam of some sort.

I think there's one that's just waiting to happen is the one of collecting saliva samples instead of blood samples to see what's happening in the body in terms of metabolism, in terms of diseases, in terms of anything that we can read from saliva to be able to actually use, or read from blood or other body fluids, we can pick up in saliva. It's just a matter of dealing with another exponential reduction in size. And I see that as happening.

So I guess one thing that I put in here and I will share, I do not see the school support by the university changing. I think the model is working the way it is. It seems like it could be different, maybe even better, but I don't see it changing. And so I think we're going to be able to, we've adjusted our model to go forward and actually be the first, the innovator, for many, many things in dentistry. I am hopeful that we will not get into a circumstance of stagnation. We've got to keep one foot way ahead of us at all times. Because reality gets here awfully quick. And even the building of the new school, there were a number of times I wish we could have slowed it down or delayed it a little. But when it comes, we've got to really move forward.

Clarke: Is there anything else that you'd like me to have asked you that I didn't ask?

Clinton: Well, I'm going to take advantage of that invitation and maybe offer a short summary. And this will be shorter than you may think. Because I know the rest of it hasn't been necessarily short. But I would like to say one other thing that doesn't fit kind of in the context here. Earlier this year, I was recognized for fifty years of service to the faculty of the School of Dentistry. And upon reflection, it seems a lot more like five years than fifty. The attraction of dentistry, to me, has been being able to serve others in ways that they could not do for themselves. It seems that my theme of service has grown stronger with every day of teaching and providing healthcare. People have recognized me as a leader. I really see myself as a servant. The concept of DAU, of four-handed dentistry provided a financial framework and a direction for modern delivery of dental care, and has been the philosophical core that I pursued throughout my career.

My most powerful tools, the most powerful tools for leaders, and I've tried to share and carry this everywhere I've gone, is to believe in and practice integrity, respect, honesty and compassion.

And one thing I found out about philanthropy, which seems kind of simple. But the success of philanthropy is directly related to the passion and the credibility of the advocacy of the storyteller. And what that really means to me is using the example of the major gift that we were able to bring in, that Dr. Skourtes had the potential to make any gift he wanted, or no gift at all. He listened to a lot of story. He listened to a lot of story by more than one person. But he was helped to realize the value of what he could do with a gift, and the value that, the difference that he could make with the size of a gift. And so he made a choice of what he wanted to contribute. But he would have never known about that choice if he hadn't had taken the time to listen to the story.

And so as we go forward, I can see where philanthropy becomes more important to our line item in the running of the dental school. We'll probably be more involved with sharing and teaching and understanding of how philanthropy really works, if it's successful.

And I guess the last thing that I'd like to say before, let's see, I've said that several times. I have one other small thing I want to do. But of all the rewards and recognitions that I've received, there's one that I cherish the most. And that was when I was chosen to receive the alumnus of the year award in 2001. Because I look at that as really being the students and the

dental profession, the people that I've been able to, privileged to work with, were actually saying thank you. And I accept that.

Clarke: Thank you, Jack. You've provided us with an enormous amount of information as well as insight and emotion of understanding of the background of your role in the dental school. Thanks.

Clinton: Thank you. You've been a great interviewer.

Clarke: Than you.

Clinton: And I've enjoyed it very much.

Clarke: Okay.

Videographer: Okay, I'm rolling.

Clarke: Okay. I'm Dr. Henry Clarke of the School of Dentistry of Oregon Health Sciences University. And this is an oral history interview with Dr. Jack Clinton, who was the former dean of the OHSU School of Dentistry. And today is September the tenth, 2015. So, Jack, thank you for being here. Let's begin with your childhood and the early years in Lakeview. And also when you first became interested in dentistry.

Clinton: Thank you. Well, Lakeview, Oregon is the place where I was born. Family of three children. Parents, very blue collar. Father had an eighth grade education and my mother had a high school education. She got a diploma from high school. We were, I guess, looking back, I never really knew how poor we were. We were really a very happy family.

As long as I can remember, my mother, mostly, but my parents always shared with the children, always encouraged us to do better, to work harder and to be busier. And in Lakeview, that gave us an opportunity to join almost every activity, whether it was in school or scouting or 4H, and to, at the time, I was able to take advantage of opportunities of being part of the community.

And one of those opportunities that had a huge impact on me is that at age eight I took on a paper route. And with that paper route, I ended up learning quite a few things about people, and about managing a little bit of money, and especially when money was scarce. But I also had the opportunity to learn a little bit about salesmanship. And as it, as I remember, there was a contest probably every couple of years to make a fairly significant trip. I ended up selling, it seems like 50 new subscription to the newspaper and went on a four-day trip to Vancouver, BC from Lakeview. And that would have been in the early '50s. And it was quite a remarkable thing. Of course I went by myself with other paper deliverers from throughout the state of Oregon.

Another quick one that my mother always enjoyed, and I have to share a little bit about my mother because she was a very strong advocate for anything and everything that I was doing, and wanted to make sure that I was busy. But one year they had an arrangement where 10 new subscriptions would get you a fresh, cleaned turkey for Thanksgiving. And she carried for her whole life, I guess, for the rest of her life, she carried a picture of me with five, trying to hold up five turkeys in my arm, in the local newspaper. And she would remind me anytime that I

questioned what I was doing and why I was going or whatever, she'd remind me what you can do if you try.

And so like I say, I joined everything. I was part of a band, thespians, football in high school. And I became a Scout. I went through Cub Scouts. In fact, I think my mom was a den leader in scouting. And I continued on through. And when you transition to Boy Scouts, I found the Scout leader happened to be a dentist, after some time, I had no idea who he was. He was a pretty nice guy. And so I was not necessarily bashful at any time in my life that I know of. So I engaged in conversations and asking lots of questions. And eventually after a few weeks of this or months, he invited me to come and look at some of the things that were in the practice. Turns out he was my family dentist, also.

So I ended up enjoying quite a number of afternoons and after schools in his office where he would take impressions of my hand or finger or thumb or even my mouth and would pour them up in plaster. And just, just had a relationship, an adult relationship about something that I had no idea what it was. And it was really, really good.

And it was somewhere along the line somebody, I remember somebody, it may have been a teacher at school, and it was later, that asked me, you know, what careers are you looking at? Sort of a what do you want to be when you grow up?

And apparently with not much hesitation, I says, "Well, I want to be a dentist."

"Why is that?"

So I said, "Well, I've got this, my Scout leader is really a nice guy and he showed me a bunch of things that he does and it looked like a lot of fun. And I can see I wouldn't mind being just like him. And if you become a dentist, you're like him, that's what I want to be."

Well, that decision kind of never really got challenged. At about the same time, I was beginning to discover that there were people that weren't necessarily young boys. And there were people that were girls. And I found a person from, just from seeing her, that just looked like the greatest person I had ever seen. So I found a way to talk with her. And eventually asked her if she would like to go to a movie. And of course going to a movie in Lakeview means that you have to pick the right night because they had a movie house, they only ran about, it was three nights a week, I think. And she agreed that that would be a good idea. She wasn't in high school yet. She was in the eighth grade. And of course by definition that would not happen without my parents knowing and without her parents knowing.

Well my mom thought it was a good idea. And so I checked with her mom and she thought it would be okay. But we had a definite time to be home and all that. And of course in Lakeview, I, because I had a paper route, I had a bicycle. So that was my transportation. But everybody else's was walking. Of course I did not go on a date on a bicycle.

So anyway, had a, we had a date. And lo and behold, it turns out that that was, that held up. And so next June, Mary and I will have been married for fifty-five years.

And so, you know, when you look at trying to remember what it is that you've done and not done, and putting things in perspective, I'm not sure that there's anything more important for almost everybody going through life, or going, transitioning from a child to an adult is figuring out what you want to do for the rest of your life. At that time, it was even more critical. Changes weren't allowed, I guess. And figuring out, or finding somebody to be your partner for the rest of your life and getting married.

And interestingly, as a faculty member, and being involved with admissions and recruiting and all that, I found that I was questioned quite often and eventually of actually

offering guidance and counseling on career selection, anyway. And making well-founded decisions.

People would ask me, you know, “Well, what did you do? What were the other careers that you chose to look at and everything?” And obviously I had trouble explaining that. Because never really looked for different person to marry. And I really never looked for a different vocation or career. And so the recommendations that I say, be sure to take the time to evaluate, to get to know, to gain as much knowledge as you can about whether it’s a person or a career. And then slowly move toward and create a selection process so that when you make that decision, you’ll be able to hang with it and be able to go forward and make things happen.

So in reality, I heard the story. But somehow it seemed it didn’t apply to me. So do as I say, not as I did.

Clarke: Got it. Thank you.

Clinton: That cover it?

Clarke: Yep. Good. That will do it.

[End of interview.]