

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

Margaret M. (Peg) Ryan

Interview conducted October 28, 1998

by

Heather Rosenwinkel

SUMMARY

In this interview, Margaret “Peg” Ryan talks about her career in dental hygiene education and her work on the national level to further the professionalization of the field. She begins by discussing her upbringing and its impact on her character; early leadership experiences and a drive to excel made her eager to tackle issues facing the profession. She received her initial training in the 1950s at the University of Washington; she talks about the innovative curriculum at UW and about the state of dental hygiene education and practice nationwide.

Upon graduation from UW in 1956, Ryan came to the University of Oregon Dental School as an instructor in dental hygiene. She talks about the program, the faculty, and innovations she instituted in the curriculum. A dispute with the Dean over student grading led to her resignation in 1959, and she returned to UW as an instructor. Seeking to improve her instructional skills, Ryan left UW in 1965 to pursue a master’s degree in dental hygiene education at Columbia University. She describes the differences in dental hygiene as practiced in the Northeastern United States and talks about some of the changes she instituted in the program at Columbia.

Active since the late 1950s in dental hygiene issues at the national level, Ryan left Columbia in 1967 to serve as the director of educational services at the American Dental Hygienists’ Association and, concurrently, as the director of dental hygiene education for the Council on Dental Education of the American Dental Association. While working on a workshop planning committee, she served with Dr. Lou Terkla, then Dean of the University of Oregon Dental School. He invited her to return to UODS, which she did in 1977. Caught up in the university consolidation, Ryan quickly became involved in the newly formed Faculty Senate. She talks about the development of that group and about her work on some key committees.

Ryan describes the administration, curriculum, and research activities of the Dept. of Dental Hygiene through her twenty years as chair. She talks about cooperative programs developed with the Oregon AHEC and about her work on the OHSU Allied Health Council. Efforts at outreach and collaboration stood the department in good stead during years of budget woes, even though institutional support for dental hygiene waned under School of Dentistry Dean Henry Van Hassel. Ryan compares Deans Terkla, Van Hassel, and Turner, and muses about the future of the program at OHSU.

Finally, she explores possible futures for dental hygiene education and for the profession as a whole. She notes that dental hygiene, in its quest for more autonomy in practice, is following in the footsteps of nurse practitioners and other health personnel who have assumed greater roles in the delivery of health care.

[The Dept. of Dental Hygiene was just about to celebrate its fiftieth anniversary in 1999, a year after this interview was conducted. By 2001 the program had been closed due to budget cuts.]

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Interview with Margaret M. (Peg) Ryan
Interviewed by Heather Rosenwinkel
October 28, 1998
Site: History of Medicine Room
Begin Tape 1, Side 1

ROSENWINKEL: This is Heather Rosenwinkel speaking, and the date is October 28, 1998. I am interviewing Peg Ryan, also known as Margaret M. Ryan, who is now the retired Chair of the Department of Dental Hygiene at the Dental School at OHSU, and this is tape one, side one, and the interview is about to begin.

First, Peg, I'd like to know if you'd give me some background on where you were born and where you grew up.

RYAN: I was born in Seattle, Washington. I grew up there and went all through school in Seattle and to the University of Washington for my baccalaureate degree in dental—my major was dental hygiene.

ROSENWINKEL: Give me a little bit of family detail before we get into the education. We have you growing up in Seattle [laughs].

RYAN: I'm one of four children, and I have a brother and two sisters. My mother was a Seattleite, and my father moved to Seattle when he was three. I don't know what else you want.

ROSENWINKEL: What was the occupation of your father and mother?

RYAN: My father was an insurance agent, and my mother was—her educational background at the University of Washington was in physical education. She did not teach until I was in college, then she went back into teaching after she raised the four of us, and taught at—you don't need to know that, I don't think, do you?

ROSENWINKEL: That's alright, go ahead.

RYAN: Anyway, I have very good memories of my growing up years. My parents were, I think, exceptional parents, and we learned to appreciate the out-of-doors with them. And, also, we were quite athletic for women—young girls and women at that age—because of my mother's interest in us being physically fit, and so forth. And I remember going to the University of Washington as one of the subjects in research projects on child development. The four of us used to go out, and we'd have our physicals, and we'd have tests in mental acuity and so on. I didn't like it all that well, but I remember going into the buildings at the university and doing that.

My parents also were very good about developing our interest in theater, live theater. And we did a lot of boating and—actually, sailing and vacationing where we did water things. My mother was an excellent swimmer, so we were all very much water people.

And Seattle grew a lot during my years of growing up. It didn't change, really, until after the World's Fair. But that's home.

ROSENWINKEL: So we're talking about the 1940s and fifties, now?

RYAN: Yes. Through college. I graduated in 1956 from the University of Washington.

ROSENWINKEL: Well, let's talk about that now. I hear you saying your father was in insurance. I don't hear any health background here, in the sense of anyone in your family, at least, having a health career, so how did you track to a health career?

RYAN: Although we didn't have anybody in a health career, we were always interested in college, and we were always taught—it wasn't "taught," so to speak, but it was evidenced in the way my parents communicated with us and treated us, that girls could do anything anybody else could do. There was no differentiation between my brother and the three sisters in terms of what our capabilities were or our potential was, and we were encouraged to be our own selves and to—my father was a very principled person, a very honorable person, as was my mom, but we were taught, you know, you speak up for what you believe is right at any cost, and so forth.

I was interested in—I started out in college in med tech. Actually, my high school physics teacher had thought I should go into medicine. I didn't see that as a viable option for me, for cost reasons primarily. In those days we didn't have loans, and so forth. So I started out in med tech, and I'm not good with viewing bleeding and blood and so forth [laughs], so I had difficulty in my classes—each class I would pass out. When we dissected the frog in zoology and when we got to anatomy spring term, it was more than—and I would have difficulty with that. But then I would say, "It's mind over matter," and get on with it.

So I was debating what I would do, because I wasn't—I thought, I don't want to spend my time in a laboratory, and I want to be working with people, and I want something that's a viable career for me. It was never expected that we would all get married; it was assumed that we would do whatever was the appropriate thing that we wanted to do. So I didn't have any pressure, and I felt that—we all felt that we should have some options in our life. So I looked at other careers, and I thought, well, I'd like to be a teacher, and I thought of high school physics, because I love physics. So I did speak to the adviser my freshman year, the education adviser, and she said, "Well, you"—she was rather negative about it because I was a woman and so forth. So I thought, "Well, I'll just show you. If I want to be a high school physics teacher, I'll do it."

But, then, I had two sorority sisters that were in dental hygiene. And I hadn't known anything about dental hygiene when I entered college, so I looked into dental hygiene. I had a not too—oh, I don't know what to say. [Pauses.] Well, I thought it might be nice to spend a

winter skiing in—I wanted to go to Sun Valley to do some skiing, and then I could go to summer school, and so forth. And I would have that option in education, but I wouldn't have it in dental hygiene. But I thought dental hygiene was an interesting career, and it was health, and I was interested in working with people, as I said—which is something every hygienist will say to you. So I did apply for dental hygiene. And I thought, if I don't get into dental hygiene, that's okay because I'll go into education, then, and ski in the winter terms. But I was accepted in dental hygiene, and so that was the beginning.

And I guess we're all, in our family, all the kind of people that when we do something, you do it well, and you put your all into it. And it wouldn't have mattered what I went into, I would have been very much involved in all aspects of whatever career or field I entered. And that's just, you know, it's the way we approached life. And so I went into dental hygiene, and even though it was not a strong commitment to begin with, it became a very strong commitment to be involved in dental hygiene, the development of the profession, and contribute to that, as well as contribute to the care of people and working with people for better health and oral health. So that's—I started in health, but then I digressed, and then I ended up in a health field.

ROSENWINKEL: Tell me what dental hygiene was like when you were a student. I mean as you went through the program and what the profession was like at that time. In the fifties, we're talking about, now.

RYAN: Yes. And when I started in dental hygiene I believe there were only, I think it was, thirty-three dental hygiene programs in the country. There are now over two hundred and twenty. And there were three bachelor's degree programs, and I didn't know there was anything less than a bachelor's degree program when I applied at the University of Washington. The other two were at Columbia University and University of California at San Francisco, at the Medical Center. I would have never entered dental hygiene if I had not thought of it as a baccalaureate-level program, which it definitely was at the University of Washington. And the program was rigorous, as it is now, in terms of the amount of time and the science orientation of the curriculum and the clinical care aspect.

In some ways, there's more responsibility in dental hygiene than there is in other typical women's—that have been traditionally women's health fields, such as nursing, because you have the responsibility for appointing patients, managing your patient records and so forth. There's a different kind of responsibility to that.

But dental hygiene was very different in the 1950s than it is today. It was different nationally, but the University of Washington program had the advantage of a department chairman, program director, and a faculty who had a view of dental hygiene that was much more significant than that of the other programs—which were certificate programs at that time, because we didn't have associate degree programs. So all but three were certificate programs. Their view was much more limited, and the potential of dental hygiene was much more limited. But at the University of Washington we had lit review sessions, and we had to do article critiques, scientific literature critiques, and seminars with the department chair. We were taught, you know, about our responsibility in terms of patient care, that it was our

responsibility, although there was the “supervision,” quote, of the dentist, but it still was—what we did had impact on the patient’s well-being.

We were the first program to really, really look at the patient’s health history and to relate that health history to the dental hygiene care that we would be providing and to take a comprehensive history. And what we were learning was even more, in that regard, than some of the dental programs were teaching. And we were taught in that program at that time to look at the literature and the scientific basis for our practice, and that was unique in dental hygiene at that time.

ROSENWINKEL: It sounds like you got a wonderful professional education at the University of Washington.

RYAN: Yes, I did.

ROSENWINKEL: And extraordinary for the time.

RYAN: Yes. And the standards were very high, and the program was really a leader in advancing dental hygiene.

ROSENWINKEL: You graduated, then, with a bachelor’s degree. And did you go on to a master’s or any further education at that time?

RYAN: Not immediately. When I graduated, the director of the program, Dr. Esther Wilkins, was pushing me to apply for positions in public health in Montana and Colorado and Idaho, and she was also interested in me teaching. And I had gone into dental hygiene—one of the reasons I went into dental hygiene was because of the flexibility of the profession, which is still a reason that students have today. And I wanted the option of being able to take time and ski [laughter], which I had not done, and the other thing that I—I loved clinical dental hygiene. I did well in my clinical work in school, I had no difficulties learning the skills, which are difficult, and I did some things—I did my own analysis of instrumentation, because we didn’t teach by analyzing what it is we were doing, but by rote at that time, and so we weren’t taught that way, but I was bored with that, so I did my own analysis. And I thought, well, if I do this with the instrument, this is what’s going to happen, and so forth. And so I thought, I want to practice clinical dental hygiene. So I went into practice.

ROSENWINKEL: Immediately went into practice?

RYAN: Immediately when I graduated and finished my board.

ROSENWINKEL: Oh, I see. So you graduated—just to recap, here, you graduated in ’56, you sat for a national board—

RYAN: No, we did not have a national board yet. Remind me to tell you about that.

ROSENWINKEL: Well, explain to me, just as you graduated, what kind of boards you

had or what kind of credentialing you had.

RYAN: I had a clinical exam, and they were all state examinations. There was no national board examination at that time. That came later, and I'll tell you about that committee. So we had to take a state written examination, and we had to take a clinical examination. You had to take it in each state. And I took Washington; I went to California to take the California board examination because I thought I'd practice there; and I came to Oregon and took the Oregon board examination; and in each case I had to take a written examination and I had to take a clinical.

The clinical examinations were more limited because the scope of clinical practice was more limited than it is today. So they were more limited. But it was fairly rigorous in Oregon and Washington, but California, they knew where we went to school, and they barely looked at what we had done. But the written examinations were, in some instances, really very shallow, almost insulting. And that was something that disturbed me a lot, and later on I was able to be involved in the development of the national board exam.

ROSENWINKEL: Tell me why it disturbed you so much.

RYAN: Well, I didn't think it was right to not adequately test the knowledge that we had gained in our education, and to assure the public that we did have competence, both in terms of the knowledge that we have on which we base our practice as well as our skills. And I didn't think—in the case of the clinical exam in California, I thought that was unfortunate that they didn't really check our work carefully or our procedures carefully to determine that in fact we were competent, and that they merely looked with a mouth mirror. And I didn't think that was good for the public or the profession in recognizing the importance of what we did and the importance of assuring the public that we did in fact have the kind of competence that was needed to give them the care that they warranted.

ROSENWINKEL: Okay. We'll get into this in a little bit more detail later. We have you graduating; we have you with your certification; and what happened to you then? Where did you go for your first job after graduation?

RYAN: I had two jobs, and I worked part-time in both. I worked for—one of the Periodontics Department faculty had a private practice, and I worked for him part-time, and then I also worked for a general practitioner part-time, so that made a full-time position.

Actually, I started with one dentist for a few weeks. That was my first job. I forgot about that. And I was so appalled at what I saw in that office in terms of the quality of care that I was used to, from being at the University, and the standards of practice that I thought were important that I did not stay. I gave him notice. And then I went to work for the other two dentists: the general practitioner, who was a part-time faculty member at the University, and the periodontist, who was a part-time faculty member at the University. And I worked from July till January for those two dentists.

And I think it was in early December, Esther Wilkins gave me a call and said, "There's

a faculty position at the University of Oregon Dental School, and I've recommended you." And so I was contacted by the department chair to come down for an interview, Evelyn Hannon, and she—of course, all the directors of dental hygiene programs knew each other at that time, and she was the president of ADHA, and so forth.

So I came down and I had my interview, and I looked at it, and I thought, no, I don't think I want to do this. I thought, this program is so different. It was a two-year certificate program. It was a good program, a strong clinical program, but I wasn't comfortable with what I thought should be done with it, and I said, no, I want to stay in private practice.

And then there was a change in my life: I was going with a fellow, and we broke up, and I thought, well, I think this is the time to go. I changed my mind about a month after I rejected the offer, and they said, "Okay, come." So I did, in January 1957.

When I started teaching, I decided, I want to do a good job, but I'm not going to do things the way the director of the Washington program had done, because—and the faculty were a lot more understanding and had a different approach working with the students than the director, who was very autocratic and very, very particular, and really unmerciful at times with the students. So I thought, I'm never going to embarrass a student. I had had a good relationship with her because I was so particular about things, and I respected her, but I thought, I've learned some things that I don't want to do as a teacher.

So when I came down here, it was interesting, because I was the new person on the block, I was just out of school, and the senior class thought, "Well, what does she think she can teach us?" And I was just nearly their age—well, actually, just a little older, because they were, most of them, just out of high school when they came into the program. And some of them were older. I had a grandmother in my class [laughs], for six months.

So I worked with them, and there were things—they were standing, working standing. All the dental hygienists and dentists stood at that time in their practice. We had been taught to work sitting at Washington. We were very unique in that regard. And so I thought, well, this standing, and standing at a table with a manikin learning your instrumentation, is not the way to do it.

And not only had I never taught before, but I took over the preclinical course, the techniques course where—basic preparation for clinical practice. The theory and the techniques. And I started. So I put my all into it, and by the end of the year the senior students decided I *did* know what I was doing, and that—and I'm still good friends with that class, very good friends with that class. And they say, "We gave you a hard time."

And they had things, like they'd clip a towel on the back of the chair, and then they'd wipe their hands on that towel, and they had bloody towels hanging around. And I just said, "This can't be; we cannot have this." So we changed things like that. And they teased me about that. But at any rate—I enjoyed it; I loved it.

ROSENWINKEL: So you found your niche?

RYAN: Yes. I loved working with the students. And I was able, because I had been given responsibility for the preclinical course, to do some innovating in how we in dental hygiene approach teaching instrumentation and techniques and procedures, and the theory that underlay those procedures.

ROSENWINKEL: Could you give me one example of an innovation that you inaugurated at that time?

RYAN: Okay. Well, probably the most significant thing that I inaugurated here—and then it has occurred all over—was to teach, not by rote that you use this instrument number on this surface of the tooth, but to teach them more about understanding the design of the instrument and how that related to its use, so they could pick up an instrument and say, this instrument goes here. And to teach them how to use it in terms of the principles of instrumentation: how you position the instrument, and how you tilt the instrument to get what we call adaptation, and how you maintain contact of the instrument blade with the tooth so that you don't cause trauma, and so forth.

I did this in a couple of ways. I did it by talking with the students, and we'd analyze together. Then, I also used television, closed-circuit television, and that was innovative here. It hadn't been used—oh, excuse me, no, that came later. The closed-circuit television came—no, we didn't have it here. So I had to teach it—no, I had to teach it with diagrams, and so forth.

I taught—I said, “Let's buy some stools,” and I was able to get the stools purchased for each clinic chair and attach the manikins to the chair so we could teach the students at the dental chair—which we had been taught at Washington, to teach at the dental chair to simulate patient position and the lighting and so forth. So that's probably the biggest one.

The other thing is, I can remember having a discussion with one of the faculty members who was a graduate of the program. All of the other faculty were graduates of the Oregon program, so it was rather hard for a young punk on the street [laughing] to be able to introduce new ideas. And we had an argument about curettes and that they didn't have two cutting edges, and I said, “Yes, they do.” So there was no giving. So I went up to the library, and I got a stack of books which didn't—there wasn't much written on instrumentation in the periodontics books, and there was very little—nothing, virtually, in the dental hygiene books on instrumentation per se. And I came down with an instrument design, and I said, “See?” So then they kind of gave me some credence after that.

So anyway, it was a major change for the faculty here, and it was a major change for me. And one of the biggest things that I think I learned and they learned from having somebody come in from outside—which is what I think is important today—from another institution, is that there's more than one way to do things; and that there are different theories; and that you need to select your theory based on the evidence that it is a good theory and that it is effective and not because that's the way you were taught or it's tradition or whatever. And I think we all gained from that, the faculty who had been here and I as a new

member of the faculty.

ROSENWINKEL: As a new member of the faculty, did you write up the results of these innovations that you started?

RYAN: I left all the information with the department. I didn't—I did do something with that information. I decided to do something on a bigger scale in terms of introducing this approach, and I did in—it was 1960, I believe. [Pauses.] I decided to do a couple of things. I did a table clinic, in demonstration of a procedure, at our national meeting of the American Dental Hygienists Association in San Francisco, on instrumentation and how to approach instrumentation, from the rote to the analytical approach to instrumentation, and bringing in the science that we know about—in histology, for example, and in what we knew about the disease at that time, what we knew periodontal disease, which is very different than what we know now, very much more limited.

And so I did present that clinic, and I had photographs, and I also did demonstrations and I talked about instrumentation. It was well attended. And it happened to be that was the year I ran for second vice president, and won the election without any [laughs]—so anyway, that was interesting as an aside.

But anyway, so I began to see—I really guess at that time, when I came down here, I thought—because I had been bored in preclinical because we'd been taught by rote; and I had just sat there, because I'd get tired of taking off artificial calculus [laughter]. When the director of the program wasn't looking, I'd pick it off any way, like everybody else, and then I'd use the instrument correctly when they came around. I thought, well, now, if I do this, if I move my arm this way and I hold it this way and I approach it this way, raise my arm or whatever, I can get correct adaptation. So I was taking the boredom out of it. So that's why I approached it the way I did when I came down here, because it shouldn't be boring, it should be very interesting to do this, and it's challenging. But if you're just going by rote, you don't do the job as well and it isn't as effective and you aren't satisfied.

So I decided that that was something that was really needed in dental hygiene, and I went to a meeting of the District 12—which was at that time Washington, Oregon, and California—of the American Dental Hygienists Association. They had a district meeting in San Francisco, and I went down for that from Oregon, to represent Oregon in the district meeting, and I talked with people there about dental hygiene and instrumentation and teaching. And as a result of that—I think that was in '58 or '59—the district trustee became quite interested in my enthusiasm, so I was asked to be on a panel on dental hygiene education and how we would address the future demand for dental hygiene, because in—now we were getting into the time where they were talking about a national health program, and they were talking about dentists, a national dental health program, so they were foreseeing this great demand, the federal government. And so they asked if I would be on a panel for the national meeting. And I had the temerity to say yes. There were four of us on the panel, and I had been out of school a year and a half, I think, at that time [laughing].

And I remember Dr. Blackerby, who was at the—he was a dentist, a public health

dentist, who was at the Kellogg Foundation; he was the dental director and did all the programming for funding various projects for W.K. Kellogg. He was on the panel, and he and I became very good friends as a result of my being on the panel with him.

And I wrote an article—it's published and so forth—and I surveyed dental hygiene programs. My position at that time was to expand existing programs and not to dilute our resources, but that we had the capacity, because of the facilities that were in existence, to really expand and upgrade the programs, and so forth. And I could document that, because I had consulted with people. It wasn't any research project, but I did poll all of the programs, and so forth, to come up with, you know, how many students, what did they do, and so on. So that was the beginning of my getting involved in dental hygiene education at the national level, I think.

ROSENWINKEL: [Laughing] Well, it didn't take you very long to do that. You graduated from school, you had a teaching position, and then you got involved in national activities immediately.

RYAN: Well, that's kind of the way I think we were raised. You know, to get in there and do something. One of the reasons I got involved in the Association and in here...

[End of Tape 1, Side 1/Begin Tape 1, Side 2]

ROSENWINKEL: Peg, would you please continue?

RYAN: I was upset because as students we were very—we had an active chapter of the Student American Dental Hygienists Association. It was then called Junior Dental Hygienists Association, and I was involved in that. We did a lot of things as a student organization. We went to the meetings of the Dental Hygiene Association, the component in the Seattle area. There were a lot of relatively—we thought they were ancient hygienists [laughs] when we were in school there. And whenever we would propose something or someone would propose something new, they would say, "No, we can't do that. We've tried it before." So when I graduated, there were a couple of my classmates and I who said, "We're going to go in, and we're going to change that."

I think that's just kind of—I guess it's in our nature in our family that if you feel something's not right, you get in and you do something about it, and you do it in a constructive, positive way. So that's really why I tend to get very, maybe, militant—not militant in the usual connotation of militant, but I really am committed to whatever I think needs to be done. And I don't necessarily have to do it, but I want to get active and do something about something if I don't think it's right.

ROSENWINKEL: Many people would not do that. It sounds to me like you've been a leader in this respect.

RYAN: Well, yes, and I think—and I never thought of that leadership at that time or early on, but we were involved in Campfire Girls when we were girls, and my brother was in

Scouts, and I think that is the best experience, working in an organization such as that, that children can have in learning leadership skills.

And, there again, my mother was involved. My mother was the head of the Community Chest in Seattle. She was active in those community service organizations.

In the Campfire Girls they started a junior organization at the city level, and I was the first president. We had a workshop over at Camp Sealth, where I'd been going to camp, and we talked about organizing in the junior high level, and elected officers, and I was elected president. And so it was a pioneering effort of how to develop this junior organization, for junior high level. And I can remember going to the Campfire office on a regular basis and planning the meetings and planning our projects and activities for the city and then chairing the meeting, because we had officers in the group, and I learned a great deal. And it was—I think that was my first real leadership activity.

ROSENWINKEL: So you learned organizational skills, is what you're saying, which then transferred later into your professional career.

RYAN: Yes, yes. And I learned that—I guess from that experience, and I feel very strongly about this, when you work in organizations, it's a team. You work together. It isn't what you want or what you're doing that's important, it's what you're able to get a group of people to do. And that was really—teamwork, that was important.

ROSENWINKEL: Well, teamwork requires a special skill. It requires leadership skills and the idea of being able to work with a group of people, setting a goal, and going towards a certain goal and then accomplishing the task, and, then, getting satisfaction from that. Would you agree?

RYAN: Yes.

ROSENWINKEL: Well, moving along a little bit in your career, we have you in your first year here at OHSU School of Dentistry. Would you tell me about a personality or two, people you worked with?

RYAN: When I was here?

ROSENWINKEL: When you were here at first.

RYAN: Well, I worked with Rachel Espey, who was the chair just before I took the position of Chair here in 1977. She was a single mother and worked and finished her dental hygiene education just before I arrived. That was not easy. It isn't easy now, but it was harder then than it is now. And she was a strong clinician and worked part-time, and I took over courses that she had taught. I didn't really get to realize what Rachel did as a faculty member until after I left and looked back on it, and, then, when I came back here to teach, we'd stayed in contact—or, to chair the Department.

Another person I remember, of course, is Evelyn Hannon, who was the director of the program. She was a very strong person. She had a nursing background and then went into dental hygiene following work as a nurse in—I'm not sure it was Red Cross, but she was overseas in World War II. She had a kind of a hands-off approach as far as the clinical aspect of the program, and I thought that wasn't good. But she had done a good job of getting resources for the program and working with Dean Noyes and was committed to the program. She supported me. [Laughing] There were times when she'd like to have sat on me, and she did, but—one time I was called “an educated young whippersnapper” by the ADHA board. I thought it was a compliment [laughter].

ROSENWINKEL: [Laughing] I would take it as a compliment.

RYAN: And, then, probably the person I remember most from that experience was Lois Whitford. Lois Whitford was a senior student when I came, and she had returned that fall, in the middle of fall term just before I came, as a senior. She had been out, away for a year, staying at her sister's house in California because she had tuberculosis and she was quarantined. Her sister was a nurse. Lois was a senior and Lois was a very bright woman. She had two children, was a single parent, and she was a master clinician, and she was a very important force in that senior class.

After she graduated, she was hired to be on the faculty part-time. Then she and I became very, very close friends, and we taught together and we worked together and we became long-term friends and continued our friendship even though there were great geographic distances, and picked up where we left off when I came back here.

But Lois had a marvelous way with people. She was from Georgia originally, and she had this little bit of a southern drawl, but she had a marvelous sense of humor, and she could temper things, and she could temper me, and she and I could work together and institute changes, and so forth, in the program. She I remember probably as the most outstanding influence on my time here and how I worked and what I could do with her.

ROSENWINKEL: I think, in time, we're talking about the late '50s or early sixties now.

RYAN: Right, late fifties.

ROSENWINKEL: What would be one of the major things you changed when you came? You talked about the instrumentation—

RYAN: There are a couple of things.

ROSENWINKEL: Maybe there are a couple of things that stay—

RYAN: Teaching methodology and also the content of the curriculum. When I came, there was one course in Theory of Dental Hygiene that underlined the theory which is the basis for our practice. I was used to a program which was unique in the country where we

had a dental hygiene theory course every term of the two-year curriculum. And so I instituted that curriculum sequence, and I changed the content in terms of depth and scope of dental hygiene theory in the program.

ROSENWINKEL: You think that was your major contribution at that time?

RYAN: Yeah, I think so. Teaching methodology and that.

ROSENWINKEL: You mentioned leaving OHSU.

RYAN: Um-hmm.

ROSENWINKEL: We just had you arriving, and now you're mentioning leaving. Would you tell me what happened and where you went?

RYAN: Well, I'll tell you—I left on a matter of principle, and it was because I wasn't able to grade the way I felt I should grade students in clinic, and grades were changed. And I wrote a letter to the Dean about it, and he talked to me, and he said, "Well, you have a choice. You either take this or you can, you know, resign"—which I said in the letter. That letter—

ROSENWINKEL: This is Dean Noyes, right now, you're talking about?

RYAN: Yeah. I still have that letter [laughter]. And so in the letter I said, "I will have to resign," because this had been done and the grade had been raised. So I did; I resigned.

I had two choices at that time. One was at the University of Washington, a faculty position; the other was at the University of California. And I decided on the University of Washington, so I went back to the University of Washington to teach.

ROSENWINKEL: What were your experiences there?

RYAN: At that point—then I was there for one year. Well, my experiences there were—it was good because the faculty were marvelous. Very bright women who were doing research. One was working on her master's degree and doing a task analysis of dental hygiene techniques, clinical techniques, and we were involved in that. They all had background in education, graduate-level education courses. So I learned more about teaching and dental hygiene curriculum there than anything I did after that because of the people I was working with.

But because I had been here and taught, I had some credibility in introducing some new ideas at Washington; and I was the first person that the director of the program, Esther Wilkins, let teach the preclinical course. She had never let anyone teach with her.

ROSENWINKEL: That was an honor.

RYAN: Yeah. So I did teach it, and after the first year she turned it over to me. She used to badger me about getting my exam questions in when she was coordinating the course, and then when I took it over, I said [laughing], “Well, now I need your questions tomorrow.” But she and I worked well together. And then she—because of the different approaches that I used—and I started using closed-circuit television to teach.

ROSENWINKEL: Give me a little bit of detail about the use of this technology.

RYAN: Well, at the University of Washington they had one of the early people—Cliff Freehe was his name—who was involved in using television for teaching and instruction in dentistry. They were using it in the Dental School. And he was very sophisticated and lectured all over the country, and he *coerced* me into using it. And when I got to use it with him—and we would do live demonstrations in the clinic, where the students sat at their chairs and worked on manikins—and, then, I’ll tell you another thing I introduced, too—so I loved it. It was wonderful.

We could get a picture the size of a tooth with an instrumentation that large in relation to the tooth to show them the positioning and the angle that the blade was to be placed at, and the strokes and the direction, and so forth. So it was very effective, and I could stop, and the students could ask questions, and other instructors who were assisting me could walk around and see. If people were having trouble, we could go back and review. So I really was—think that’s the only way to teach instrumentation. And I think it’s better than using tapes, which is done to some extent now, but we—later I introduced it again here when I came back so that we could use it.

At any rate, the other thing that I did there that I had done down here is I started teaching instrumentation and mixing it up with working on student partners so they didn’t have—the whole term they weren’t working on manikins, they were working on each other. They’d learn an instrument on a manikin, and then they would practice on each other, with the mouth to contend with and the retraction, and so forth. I introduced that at Oregon, too, but I was able to introduce that up there.

That was a good experience. I was on the curriculum committee and the admissions committee, which was good experience for me, and I—[pauses] I’m trying to remember. Oh, I chaired the curriculum committee, and we made some curriculum revisions.

ROSENWINKEL: Anything very significant that would affect future students?

RYAN: I don’t think they were major. I don’t remember anything really major, but we did do some content changing, some sequence changing for more effective sequence. One of the things I was interested in was correlating dental anatomy, teaching of the anatomic features of the teeth and mouth, in conjunction with teaching the procedures; and so I worked very closely with the person who taught dental anatomy. We were going to do some research to determine the correlation between the students’ ability to carve a tooth and replicate a tooth and their ability to draw and their instrumentation development, skills development. And I was only there a year at that time—

ROSENWINKEL: At the University of Washington?

RYAN: Yeah, and then went back later, so we didn't get that done, but it was something that I always thought was important to do and never did do, because—and it's the perception, the visual perception. There's still a need for research in that area.

ROSENWINKEL: Let's fast-forward, then. You came back to Oregon after the University of Washington?

RYAN: No. After a year at the University of Washington I decided—the director of the program stepped down and was moving. There was a lot of upheaval in the department, and I decided to go into office practice full-time, and ski [laughter]. Back to skiing, because I thought, here you are, you always wanted to ski for a year, and you're not going to do this. So I went back to ski—I went into practice in Bellevue, Washington; and I worked one day a week in downtown Seattle for an older dentist who did a lot of reconstruction work and was very well known for that; and, then, I worked for a general practitioner in Bellevue. I can remember a couple of things about that.

ROSENWINKEL: Well, tell me one thing.

RYAN: Well, the general practitioner in Bellevue had a hygienist. He was from the University of Iowa. And I was very disturbed at what I was seeing in the patients' mouths in terms of calculus, residual calculus that hadn't been removed in the treatment, and the fact that the patients had been treated in much shorter time than I was able to do, to do what needed to be done to provide care. They were very complimentary, and they would say, "I haven't had this done this way before." The dentist was after me and kept talking to me about, "You've got to speed up, you've got to speed up." You know, "We need to get more patients in." He had a very heavy load. And I'd say, "No, I can't do it." So finally one day I said to him, "You know, if you can find a dental hygienist who can do what I'm doing in less time, that's fine. I'll resign. But I cannot do it any faster. It's not fair to the patient, and it isn't fair to you, because you're responsible." And he said, "Oh, no, no, no, that's okay. Go ahead, Peg." Typical [laughs]. Lay it on the line, I guess.

And I used that case as one of my ethics cases here when I was teaching the dental hygiene students ethics when I returned: the hygienist who was incompetent and what the hygienist who had determined this, what the responsibility was. It was interesting to use that as one of the cases. The students never knew it was me, but it was interesting. Anyway, there were many of those that you encounter when you're in dental hygiene.

So I worked in private practice for two years. I worked for a year, and then—let me think what happened here. [Pauses] I can't remember what the sequence is here, but I went to—oh, I worked—then I went to work for—I worked in two practices. There were two dentists who shared an office building, but they had separate practices. Both University of Washington graduates, both had just started their practices and were ready for a hygienist. And I worked for them for a year. I went to work for them—let's see. I can't remember when

I went back to do that.

But when I went to work for them, I went with the idea, with the understanding, that I could take a month off and ski. They were in agreement, so I did. I took the month of February and went to Aspen for a month. And I was never so physically fit and had such a wonderful time. And I wanted to—there were instructors that said, “Why don’t you come here and teach, and you can do this.” And I thought seriously about it.

So, then, the next year, the beginning of 1961, I guess it was, I was in an automobile accident that fall. I had a head injury, a very bad head injury, and a compression fracture in my foot, so I was out of practice for over—I think it was a couple of months. And when I could go back, I went back to work on crutches.

And both those dentists were marvelous. And they gave me responsibility. I liked working for them because they would say, you know, “It is such a pleasure for us to do an exam after the teeth have been scaled and polished and cleaned.” And they respected me as a hygienist, not because it was me, but because they had a respect for the importance of what hygienists do. And we had more of a partnership practice. They certainly were responsible as far as the practice went, but they accepted my responsibility for the dental hygiene care.

ROSENWINKEL: As a professional.

RYAN: Yes, and respected the fact that this was my area of expertise. And we had a wonderful relationship, and they couldn’t have been nicer when I had the automobile accident. But after I had been there through that year—and it was two to three years, I guess, that I was—so it was two years working for them—I was contacted by the new director at the University of Washington to come back. So I went in for an interview, and I talked to her, and she told me, you know, she wanted me to come, and then I said, “Well, these are the conditions that I want to come under.” And one was that I would have some responsibility in determining how dental hygiene procedures were taught and some input into that aspect of the curriculum, because the clinical teaching had been—the approach was totally different and one that I couldn’t accept. Students were given the instruments: here, do whatever you want. And if they had trouble, they had to go in and just scale off artificial calculus and get it off as fast as they could, and I couldn’t live with that.

So I said, “I’m not going to come. No, I can’t do it.” Well, then she called and she negotiated with me and said, “You could do this and that,” so I did. I went back for three years. I was there three years, and I left because—I can remember I was there when President Kennedy died, and I can remember the big earthquake, standing in the doorway and telling the students to get for the door. I left because I knew if I was going to stay in teaching, I needed graduate work.

And I had talked with them at Washington about—because I was so interested in pathology and periodontology, I had talked to them about a degree in pathology, which was—they only had graduate work in pathology any place in the country for dentists, but hygienists weren’t admitted. But we had a very open-minded Chair at Washington, of Oral

Pathology, and he said, “Well, I think we could design a program.” And so it was—after that, they did start one, but we didn’t start it that year, because I decided I was—I received a W.K. Kellogg Foundation stipend to go to Columbia University, and I thought that would be a good thing.

The reason I went to Columbia versus—the University of Iowa had a new program, graduate program, and the University of Michigan had a graduate program at that time, I think. I chose Columbia because I had the flexibility of getting an emphasis in ed psych, which I wanted because I was very interested in motor-skill teaching and—it was the big thing then, in those days, ed psych. So when I went, it didn’t pan out that I did have that option, but that was a very valuable experience.

It was culture shock to go from Seattle and Portland to New York. The first—I rode the bus from Yonkers, where I was living, into the Medical Center and got soot in my eye; and nobody was smiling, and I’d smile, and they’d look at you [demonstrates]; and then I walked in the door of the Medical Center with my arm all full of books, and the person in front of me slammed the door in my face. [Laughing] And I was used to people carrying groceries out, and things like that. So I decided that I was going to make the most of being at Columbia, and I think I did, but it was a disappointment in many ways.

ROSENWINKEL: How was that?

RYAN: Well, in terms of dental hygiene, it was primitive compared to what I had been used to in my short professional life, and it was appalling. So when I was a student—it was a year program, and there were four of us in the master’s program, and we all had been out of school and practicing for a while, and so we were all from some place else. One had gone to the University of Vermont program, two from Michigan, and me. And so we kind of didn’t buy the approach that was used there.

Dental hygiene in the Northeast was then in much—well, one of the first programs had been established at Columbia and Eastman Dental Center, but they were still not scaling below the margin of the gingiva, and it had just been recently that hygienists were allowed to do that, and so forth. So what we saw in the sophistications, so to speak, of dental hygiene care was very, very different from what we were used to on the West Coast.

But, the director of the program, Pat [McClain?], was very interested in what we had to offer and in upgrading that aspect of the program. So when we were students, we had a clinical teaching experience in the dental hygiene clinic, and I wouldn’t go in and teach until we cleaned the clinic and changed the sterilization. They had open bowls of, quote, “sterilizing solution” that was full of soot, and so forth, and the units needed to be scrubbed. So she, her son, and her cleaning lady and I cleaned the clinic; one Saturday we just scrubbed it down. And the other two hygienists from Michigan and I really instituted a lot of changes, in sterile technique; the students were standing, and we tried to institute sitting; and so on.

And so then she asked me to stay on for a year. I had—when I finished, there were some positions that I had interviewed and flown to different places to teach in dental hygiene.

When I left Washington, I didn't know whether I would come back, although that was the hardest move for me, from the West Coast to the East Coast. I think it was the best thing I ever did, but a lot of people won't do it. And I had said I would never—when I was in Aspen for the winter someone said, “Would you move to Chicago?” And I said, “Never would I move to Chicago” [laughter].

Well, by that time I was very much involved in ADHA. I had been elected a district trustee in 1960, and so forth, so I was going to Chicago all the time. But anyway, when I went to graduate school, I was first vice president of ADHA, and I was writing a chapter for a book when I started graduate school, but I hadn't finished, on dental hygiene clinical procedures. I was first vice president, and I was on the national board committee, which instituted the national board exam. And so I was very much involved.

So I did have a lot of opportunities, and I decided to stay at Columbia because the director and one of my instructors from Washington that I had worked with and been a student under and then taught with, were major components of the members of the—one was Chair—of the Dental Hygiene Education Committee of the ADHA. And they had written a grant to start the Education Division for the Association to establish it as a locus for information on dental hygiene education and for more involvement in accreditation, which had always been, and still is, controlled by dentistry.

So they wanted me to take that position, and I said I didn't know. So I interviewed for several positions, and then Pat McClain said, “Why don't you stay here and teach for the year?” And I thought, okay, because I had free rein to change the way the graduate students were taught to teach dental hygiene. And so I was responsible for that.

ROSENWINKEL: So you stayed for the year?

RYAN: Yeah. And I taught what were the associate degree students from other institutions who came to finish, to get a bachelor's degree at Columbia. I taught them. They were in a teacher education program. And I taught the master's degree students curriculum development, and I taught them clinical dental hygiene teaching and the theory.

It was interesting, because they had come out of primarily Eastern schools, and to teach them how to teach clinic and what the standards should be and what the results should be without totally demoralizing them was a big challenge. So we taught it from the standpoint of the analysis of procedures and what we were doing, and then they began to internalize that. And some of them were very upset because they thought, “We haven't been giving our patients the care that we should.” But that experience there, those students in both programs...

[End of Tape 1, Side 2/Begin Tape 2, Side 1]

ROSENWINKEL: Heather Rosenwinkel is interviewing Peg Ryan about dental hygiene at Columbia University and her experiences there.

RYAN: As I said, Columbia was a very good experience because I had opportunity to work with other people and to institute ideas. From there, from Columbia, after spending a year as a graduate student and a year of teaching, I went to Chicago to take the position of director of the new division of dental hygiene education—Division of Educational Services in the American Dental Hygienists' Association, which was established with a W.K. Kellogg grant. I was there for two years, a little over two years, and then went to work for the American Dental Association and the Council on Dental Education as the first dental hygienist Director of Dental Hygiene Education.

ROSENWINKEL: I'd be interested in what you did there.

RYAN: At ADA?

ROSENWINKEL: Yes.

RYAN: Okay. At American Dental Association I was responsible for the accreditation program for dental hygiene education and development of new standards for dental hygiene education for accreditation, and then, subsequently, was promoted and assumed responsibility for dental assisting, dental hygiene, and dental laboratory technology education, with those same responsibilities.

Also, I was responsible for working with the membership, and particularly the Council members, on development of policy related to dental hygiene education and practice, which included national policy on licensure, as well as positions on licensure, as well as education and educational standards. And I worked extensively with federal agencies and state government agencies on dental hygiene and dental auxiliary education policy, and evolution and development of legislation, and so forth, as a resource from the American Dental Association, and developed and conducted workshops on the future of dental assisting, dental hygiene, and dental laboratory technology, which formed the basis for bringing resolutions to the House of Delegates.

ROSENWINKEL: It sounds like you've had experience in a university setting, in a dental hygiene association setting, at the American Dental Association, and finally we have you ending up again in Oregon. Would you explain to me when you came back and why you came back and under what circumstances you came back?

RYAN: Well, I came back to Oregon in 1977, January, because I felt that if I was going to return to dental hygiene education per se, I needed to do that. I'd been away from it for nine years, and I needed to be back in it. Although I'd been evaluating programs all over the country and visited virtually every dental hygiene program, I decided that it was time to return to dental hygiene education.

I also was disillusioned with the American Dental Association's positions on dental hygiene as they were being deliberated in the Council on Dental Education with regard to upholding educational standards, and particularly the issue of withholding accreditation,

which we had done on, particularly, dental hygiene programs. I felt that there wasn't enough support of that within the staff, that it was more political influence on those positions than the actual standards that we were trying to uphold. So I decided, "I think it's time to move on."

So I had exceptionally good experience there, but then I came back to Oregon. And when I came back to interview for the position, I went home thinking, "I don't know whether I want to do this or not, because I think this is a big challenge, and I'm not sure that this is what I want to do." And I'd had another offer from the University of the Pacific in San Francisco again to start a program from one of the council members in ADA, and I thought, well, I don't think I want to do that right now.

So then we had a meeting on a workshop planning committee, and Dean Terkla was there. He was a faculty member when I had been here before. And I was very impressed with him, and I had seen him in American Association of Dental Schools' affairs and also in ADA affairs when he was Dean, because I would see him at that level. I liked his forthrightness, I liked his integrity, and I respected him as an administrator, from what I could see. And so after I had been here, he came back and he said, "We really need your decision." We were involved in a meeting, and I decided, after working with him in that, that, yes, "I think this is it, I should go. He and I have the same philosophy. I can respect him, and that's important to me in who I work for." And so I decided, yes, I'd come.

And when I came back, it was like coming home. There were department chairs and faculty members who were here when I was here in the late 1950s, and they greeted me like, you know, "We're glad to have you here," and it was very comfortable in that respect. But after having visited educational institutions, big universities, and being at the University of Washington and all over the country, you know, I looked and I thought, "What have I done? This is very"—sort of like the country store atmosphere here. And then I thought, no, this is exciting, because the institution had recently become a separate institution.

President Bluemle had just—was reviewing—called for the establishment of the Senate. One of the first things I did was come to the Library, which was then the Medical School Library, auditorium for a hearing on the establishment of a faculty senate. I can remember Dr. Metcalfe getting up and speaking very eloquently about this was not a good thing. But it did go, and he later participated. So as I began to get involved in the evolution of the University in its infancy, I found it very stimulating and very exciting, and I thought this was very important for dental hygiene, to be in an institution that really was looking at developing as a university.

ROSENWINKEL: Let's stop there for a minute and reflect. This is the year 1977 you're talking about, when you first came?

RYAN: When I first came.

ROSENWINKEL: Okay. And the university was amalgamated. This is when the Dental School, the Nursing School, and the Medical School came together to form the University of Oregon Health Sciences Center.

RYAN: Right, right. It had happened a few years—

ROSENWINKEL: In 1974.

RYAN: Right.

ROSENWINKEL: So this was four years after this amalgamation. Previous to that, as I recall—

RYAN: Three years.

ROSENWINKEL: Three years. Previous to that, as I recall, the School of Dentistry was a separate entity, and the other schools were separate entities.

RYAN: Right.

ROSENWINKEL: So the evolution of the Faculty Senate is something that was the first body—

RYAN: It was revolutionary [laughs].

ROSENWINKEL: It was revolutionary. Let's talk about the Faculty Senate a bit and how you got involved with it and what you did within it.

RYAN: Well, I was elected as one of the School of Dentistry representatives for the charter Senate. It was interesting to me because so many of the people here at that time had—many of them were from this institution, and, of course, they had a lot of reluctance about the amalgamation. They were from the three schools. Nobody seemed to be enthusiastic about this amalgamation. If you went to any one of the three schools and sat and talked about it, Nursing probably was the most interested. But I thought it was important. So I was elected to the Faculty Senate, and then I was elected—[pauses]. Well, at any rate, I was elected to the Faculty Senate.

The interesting thing to me was that people really didn't know what a faculty senate did or was unless they had experience as a faculty member prior to being here in an institution that had one. And even then, if they hadn't been involved in it, they didn't—because I think typically—and I used to say this to President Laster later on—typically, I think medical, dental, and nursing faculties to a lesser degree than medical and dental, are very focused on their professional activities and their teaching. Nursing reaches out because, I think, again, it is not—you know, doesn't have the “status,” quote, that medicine and dentistry have. So they are looking at the bigger—I think they look outside of their school at the institution. And so I used to marvel at—they didn't know, you know, what it was. And the people that really instituted this were Dr. Quinton Cox and—I can't think of his name, from Medicine [J. Peter Bentley]. He was the first, anyway. I'll think of it later.

Anyway, so we started—one of the first things that I did as a member of the Senate was speak to the importance of some educational standards for the University for degrees, and education policy. So I chaired a committee that developed—drafted some education policy proposals—

ROSENWINKEL: For the entire University?

RYAN: For the University, so that a degree from the University had some commonality and there was a standard for a baccalaureate. We weren't touching the professional degrees, we were talking about baccalaureate, and so forth. Oh, it was—no, to develop the committee structure, I think it was. Yeah, to develop the committee structure for the Senate. So we had a fiscal policy committee and education policy, and I can't remember the other two.

Anyway, I had to present this to the President. I can remember going to President Laster, and he said, "Why do we need educational policy?" And I said, "For the integrity of the institution. When you grant a degree, it should have credibility. It should have credibility in the broader community of higher education. You want to be sure your standards of every program meet a standard that the University accepts." [Laughing] Well, he wasn't at all inspired by my comments. But anyway, it did go.

ROSENWINKEL: So it was passed by the Senate eventually?

RYAN: Yes. The Senate approved the committee structure; and he was very wary of the fiscal advisory committee. So all of those committees were established, and so that was one of the things I remember about the Senate. We were evolving as a senate and beginning to understand what a senate does. It was an interesting time, you know, with the difficulties that make things interesting in the evolution of an institution, to work through the concerns that people had about there being a senate and what it was it was supposed to do, and accepting the Senate as a viable entity and an important one in the institution. So that was one of the experiences I had.

The other was, there was a study of the graduate programs, that President Bluemle had established, and I was appointed from the School of Dentistry to the study of graduate education—which was interesting to me because I became involved in the University, and I was interested in being involved in the University. I thought it was important to the dental hygiene program and the schools and the School of Dentistry, and I really wanted, you know, to be a part of—I thought this institution needed to have credibility in the university community at large, and I thought that was something we had yet to achieve. I'm not unique in that, but that was why I was involved. I found it very satisfying.

ROSENWINKEL: So what were the accomplishments of this graduate—looking into the graduate programs?

RYAN: Well, the graduate studies, they looked at looking at the feasibility of having a graduate school. The actual report determined that it should not. And it was under the Chair

of Physiology and Medicine. What's his name? I can't think of it right now. Anyway, it was determined that it wasn't feasible at that time to have a separate school, graduate school.

ROSENWINKEL: There still is not a separate school.

RYAN: No, no. But there was the beginning of looking at, okay, our graduate programs, there should be, again, some standards, and so forth, and some communication. And I think there's been some move in that direction, but not a lot because the individual schools don't want to relinquish any of their autonomy. But that was one of—so that didn't really come to much fruition. But I think people began to think about it, and I think Nursing may have gained some credibility as a result of it.

ROSENWINKEL: So you're talking about two programs you were involved with. Now, you took the chairmanship of the—is it Department of Dental Hygiene?

RYAN: Yes, Department of Dental Hygiene.

ROSENWINKEL: Within the School of Dentistry.

RYAN: Right.

ROSENWINKEL: Would you tell me about the organizational map of the Department? For example, how many faculty you had; who you reported to.

RYAN: I reported to the Dean as Chair, as did all other chairs. Dean Terkla was very democratic. We had all faculty meetings—I think they were quarterly, and all faculty discussed all academic standards, and so forth. But I had the responsibility for budget, curriculum development, all the administrative aspects of the program and dental hygiene recruitment and so forth.

When I came, we had two other full-time faculty and me, and, then, part-time faculty. And I can't remember the exact number of FTE, but it was relatively low. And one of the things that I did, when there was a first opportunity—we used to have opportunities to submit proposals for program development to the State Board of Higher Ed at that time, the Chancellor's Office, and to justify budgeting for more positions. I was able to increase the full-time positions, consolidate and increase those, and gain a little bit in numbers of FTE, but just a little bit, but to reorganize. And one of the—[pauses]. Do you want me to go on with that?

ROSENWINKEL: Please.

RYAN: The other thing that I did when I came, I was quite surprised that the dental hygiene faculty didn't know what each other were teaching; they weren't aware of the total curriculum, and particularly the dental hygiene courses in the curriculum. And at that time there was a theory sequence only in the junior year, there was no dental hygiene theory in the senior year; and that was a requirement for accreditation, which the program had never had

any difficulty with, but this had—we needed to get more content. So I waited—I worked with the faculty for six months before I really decided to propose any major changes, and then we instituted, through the curriculum committee, development of the dental hygiene sequence, the dental hygiene theory sequence, so it spanned two years, and revised the content and reorganized the content, which is a major component of the curriculum.

We also expanded the community dental hygiene course sequence, which had been a health education course of one term prior to that; and it was strictly a health education course where they went out to schools and into communities, but very little—relatively little, I should say, beyond that.

ROSENWINKEL: I would be interested in hearing detail about the dental hygiene students going out into the community and how that related to their course work on campus.

RYAN: Okay. Well, let me say that, first, from the inception of the program in the early fifties, the dental hygiene students, because of Evelyn Hannon's experiences, did go out to schools and provide dental health education information to students, in the grade schools particularly, some high schools, and that tradition had continued, and it was, again, dental health education.

When we started—but then we saw the need to expand beyond the school health program and to incorporate experiences for the students in service to the community, to elders, to underserved, and—Marge Reveal was on the faculty at that time, and that became her area of responsibility when the former faculty member resigned. And so she expanded the scope of the students' activities. It became a part—we incorporated a course in community dental hygiene in the senior year, a sequence, and the field experiences in the community were part of that course.

What the goal was, was to instill in the students the responsibility that a health professional has for community education and community service, giving of their services, providing services either as a primary area of employment—you know, professional work, or as a volunteer, and to recognize that those people who come to dental offices are not necessarily the ones with the greatest need; in fact, aren't. It's those who don't. And that we do have a lot of programs working with migrant workers, for example, people of different cultures, and particularly elders in nursing homes.

So we developed some programs with the Nursing School, the Benedictine Nursing Center, a cooperative program, with Carol Lindeman being very instrumental in accomplishing that. And, then, I was able to establish an affiliation with the Veterans Nursing Care Center in Vancouver with our Veterans Center here, so the students began to get experiences working with people of severely compromised health. Also we had—later on, one faculty member, Jean Miller, who was very committed to services, started a neighborhood health clinic in Portland, working with teenagers, and so forth, who were street kids, and organized the whole clinic and got it moving. And she worked with the students in working with the migrants in Hood River and virtually all of the northwestern part of the state, which has expanded with Jill Mason to a very comprehensive program, a separate

course in geriatrics, which is now a combined course with other allied health students, was the core for the allied health students' course. They're now working with the AHEC program, and dental hygiene is the dental component of the AHEC program.

And Jill has over, you know, hundreds of experiences that students have where they're working in the community a variety of ways. They're working with teenaged mothers with the nursing students in a project. An extensive component of the curriculum is community dental health, one of the reasons being that hygienists' positions in community dental health are important, and there aren't a lot of them, but they're very critical. And we wanted our students to be introduced to that kind of dental hygiene practice, that area of dental hygiene practice, and if they were interested to have the capability of assuming positions in community public health. And the students have done some amazing projects.

ROSENWINKEL: What, for example, would be one project?

RYAN: Well, they sought funds from dentists in, I believe it was the Hillsboro area, to get funds to bring a mobile dental unit there, that the dentists donate their time, the hygienist students provide the dental hygiene care, the dentists for indigent children. They've done some interesting work in developing programs for elders. I can't offhand think of some of them.

ROSENWINKEL: It sounds like a win-win situation where the dental hygienist student has wonderful and excellent experiences with these people.

RYAN: And they go into the curriculum thinking—because when they come into dental hygiene, like me, they focus on clinical dental hygiene. They want to be a clinical dental hygienist. And there is a clinical component in much of the community public health experiences, but they don't think of what the broad horizon is for dental hygiene practice, and so they reluctantly go into this course. And Jill is a masterful teacher, and they come out enthused about it and very interested in it and looking at that as a potential area of practice. That's one of the big goals. The major goal is to get them to understand there's a need there, it is interesting, it's very rewarding, and these people do need care.

ROSENWINKEL: That's the bottom line, right there.

RYAN: And they find such satisfaction in what they do in these experiences. In the AHEC project they drag each year, and they get out there, and they just love it, and they see how stimulating it is and how effective they can be, and they see things they should see.

ROSENWINKEL: Could you just reflect a little bit on the AHEC program, which I know started in the '70s, I think, and how dental hygiene was involved with that?

RYAN: Well, when it was first proposed, we had worked—Dental Hygiene had worked on, I think it was a Robert Wood Johnson grant proposal for a program with Nursing, Medicine, and Dental Hygiene. We were not awarded, but I was involved in that with—who was the first AHEC director?

ROSENWINKEL: Dr. Reinschmidt?

RYAN: Yes. Oh, what a wonderful person. But anyway, so I was involved in that. Dental hygiene was the component for Dentistry because the Dean was concerned about the dental students being out in the community versus providing care in the Dental School, where it was controlled and where—because the Dental School has some considerable dependence on the income from clinical care. And he has a different philosophy—this is Dean Van Hassel—has a different philosophy about community dentistry and public health dentistry than our faculty and I have. And so we became involved in that.

Because we were involved in that, and because Dentistry really wasn't too keenly interested in being involved in that directly but thought, well, Dental Hygiene can be involved, we became—I think people became aware of what hygiene can do in providing care as a part of a team, a health team, to communities.

And so when the AHEC program started, again, it was a repeat of, "Okay, how is Dentistry going to be involved in this?" And we were willing and able and wanting to do this, and it was an extension of what we had been doing in community health, which was more than the dental students had in their curriculum and had been doing. So we did it. This was Dentistry's input, and it answered the need for Dentistry being in the AHEC program, but it was Dental Hygiene.

And dental hygiene care is such a good fit because our care is directed at prevention, primarily, and intercepting disease or preventing disease and palliative care. And all the data indicates, the research of recent years indicates, and there's documentation in the literature, that what hygienists do in terms of care and prevention, education and so forth—that's the critical part of controlling costs; it's a critical part of our care, you and I. It's the maintenance care in maintaining oral health that's important, and that's what we do, and that's what we focus on, and that's what we're good at, and that's what we have, you know, seventy-five years of experience doing in dental hygiene. And I think we can lay claim to a lot of the progress that's been made in preventing oral diseases because of the nature of our work and our orientation.

And so it was a good fit, and it was very rewarding, and Jill Mason has done a marvelous job of developing that part of the program.

ROSENWINKEL: I think of all the health programs I've heard about on campus, the Dental Hygiene has gone most into the community.

RYAN: Yes.

ROSENWINKEL: Maybe the nurses have to some extent, but I think, from what I have read, that the Dental Hygiene—

RYAN: Historically.

ROSENWINKEL: Historically has done so.

RYAN: Yes.

ROSENWINKEL: Let's switch a little bit and talk about the relationship between Dental Hygiene, the department or the faculty and students, to the other allied health programs, because I know in the early '70s or middle '70s you were involved in the Allied Health Council. Could you tell us a little bit about that?

RYAN: That was '80s. Yes. There was no relationship when I came here [laughter], and there was no relationship among the allied health programs. They were separate entities. And with the exception of Dental Hygiene, they were part of a department of the Medical School.

[Laughing] I used to say—well, I don't know if I want to say it, but I used to say, "Their budget was in the hip pocket of the department chair and the curriculum was in the desk drawer" [laughter]. There was no formal review of the programs in terms of their curriculum; there were no mechanisms—for example, in the Dental School we had a dental hygiene curriculum committee then which brought their recommendations for approval to the Dental School and the Associate Dean for Academics, and so forth, and it had to be approved by the School before it went up to the University. That wasn't the case in the allied health programs.

And so I was asked to come to a meeting in, I think it was the early '70s—and again I can't think of his name; he's a biochemist—Peter Bentley. Anyway, a meeting to discuss allied health. President Bluemle was very pro allied health, very interested in allied health. In the late seventies, I think, we were talking—we went to a meeting to discuss—and Margaret Berroth was there for Med Tech—to discuss whether there was a need for an—I think it was related—I know. It was related to our first accreditation. It was a recommendation when the institution was first accredited as a separate institution that something needed to be done about these allied health programs.

[End of Tape 2, Side 1/Begin Tape 2, Side 2]

RYAN: The allied health programs were felt to be deficient in terms of meeting standards for accreditation by the regional accrediting agency of universities and colleges, so something needed to be done. And so Peter Bentley was given the responsibility. He was kind of an acting academic VP, but he didn't have that title at that time. So we met together with the people who were responsible for allied health programs—the department chairs or their designated—in some cases it's a faculty member, or the director, if there was one, or coordinator—and found that there were allied health programs that people weren't aware of around here, that were on the books, and some were active and some weren't.

And at that time I spoke for the importance of them being—you know, having a separate curriculum, and so forth, and having some autonomy in terms of a budget, and so

on, and the importance of—they wanted to know how Dental Hygiene was functioning in the structure of the Dental School.

But it was decided that that wasn't a good thing to do at that time. Of course, it was a question of where the control would be, would they lose control and the departments would have less, and so forth. So nothing happened. In the report it wasn't proposed that we do have any kind of a structure or whatever. And, then, when—and President Laster wasn't too keenly interested in that. He had other priorities and was doing some very exciting development of facilities and research things.

So, then, I got to know the other program directors as a result of this discussion, and we began to talk, and particularly with, I believe it was—well, Margaret Berroth didn't think the programs should be separated out from the departments, but she felt that we needed some voice too. We talked about the importance of having a voice for Dental Hygiene, being involved in decisions that related to our programs, and some policies and so forth. We had no access to the policy forums for decisions that affected us, and we thought that was important. And we saw the need for making the programs more viable by upgrading the standards, and some kind of processes for review, and making them a more academic program. None of them were leading to degrees except Med Tech in our program.

And so we proposed—then Wilma Peterson, from Nursing, assumed the responsibility that Peter Bentley had, and we talked to Wilma about the issue of us not having a voice in policy-making. So we began to meet informally. She organized that, and we began to meet informally. So as we met, we organized what we thought we should be doing and began to communicate with each other about curriculum and resources and so forth.

When President Kohler arrived the timing was wonderful, because he came from institutions that had schools of allied health; and he also was so involved in looking at health policy on a national level, and health care delivery, that he saw the importance of allied health in that total picture, and allied health personnel and midlevel practitioners, and so forth. And he also—and you garnered this from hearing him when he was first here, hearing him talk and the positions he was taking. And then also he—[pauses]. I lost that.

But anyway, so we decided that we were ready to develop a proposal to—first we decided to meet with him. At that point, I believe, I was chairing it. Yeah, we had elected officers, and I was chairing the Allied Health Council. I was the first chair. And so we developed a proposal to him for establishing an allied health council, and we asked to meet—first we asked to meet with him, and then we talked to him about it, and he said, “Send me a proposal.”

Well, the other thing that was happening at this time, there was a national study by the Institute of Medicine on allied health, and it was a very critical study in what—there were several recommendations, of course, looking at allied health personnel and the importance of development of allied health, and expansion of allied health in terms of its contribution to health care. And so we developed a proposal, and I pulled it together, and I submitted it on behalf of the Council to the president, and he approved the Council, and so we had some

credibility in the institution.

And, then, it's evolved since with more and more structure and more presence in the institution, because Lesley Hallick had an interest in it when she became Vice President for Academic Affairs. Well, first Bob Koler and then Lesley Hallick. And Lesley Hallick brought an outside view from not being vested in medicine or dentistry or nursing, but looking at—and also looking at the academic aspects of this. And what we were interested in was seeing these programs develop into legitimate degree-granting programs, whether it was an associate degree, which we weren't authorized to grant, or a baccalaureate or if they were a certificate program, to having some structure in a curriculum that was in fact not a list of just courses or putting the students in lectures and off-again-on-again programs.

And impetus was given to this, again, by the second accreditation that we had, and we had to get with it and produce something before they came back. So we did—we had some recommendations to implement from the regional accreditation. So that's how it evolved.

ROSENWINKEL: It sounds as if it was effective, too, in the long run.

RYAN: Yes, it was. And one of the projects we established, I had gone to a workshop—I can't remember where—oh, it was on grant writing. But we wrote a grant. It was a National Institutes of Health grant, but it's allied health. I think it's allied health. I can't remember. We decided to write a grant to help us develop our programs through developing some common educational experiences, starting with gerontology. Well, typically of me, I thought—we had four different areas we could work in, and it ended up it didn't fly, so we boiled it down to geriatrics and started using the dental hygiene curriculum course in geriatrics as the core, which we built on for a course for allied health students.

ROSENWINKEL: For everyone?

RYAN: Um-hmm. And did receive funding for that, which has given impetus to the Council, and then brought in—we had brought in the affiliated programs at the Child Development and Rehab Center, and that input has been marvelous. That's from early on we started that. So it's grown, and it's becoming more viable. And I, of course, am not current on what's going on, but it's recognized outside and inside the University now, and so allied health has changed considerably. That's one of the most exciting things that has happened.

Now, Dean Van Hassel was not really—he had written, at President Laster's request, I believe it was, a report about allied health in response to the original accreditation report which said, "You need to do something to develop structure." It was, "Don't need it." And so it was not with his blessing that I was involved in this. In fact, at times he said, "You've got to make a choice." And I never commented, and I just thought, well, you've got to want both, because to me it was important for our program, to be viable in this University, to be part of allied health. It was a way of having some opportunity to speak to issues that affected us, and policy formulation that affected our program, and, in fact, it was a very important thing in the budget cuts the last time; that we would, in my estimation, not have survived—I *know* we would not have survived that budget cut had we not been involved in allied health, and that

people in the institution here at the University level could see what our program was doing and the importance of our program as a manpower resource for the state and region, and that it was a viable program and needed to be continued.

ROSEWINKEL: Would you talk a little bit about this major budget cut you were referring to? Just briefly.

RYAN: Yeah. This was the last—and I'm sorry, I can't remember dates. It was about '80—

ROSEWINKEL: In the middle '80s, somewhere around in there?

RYAN: No, it was in the early '90s. It was the third one of three that had come off pretty fast. [Laughing] From the time I got here there were budget cuts, it seems to me, but we always were able to accommodate. We survived another question of closure of the program under Dean Terkla. We came out second for priority on the list in the School of Dentistry on that one.

ROSEWINKEL: That's excellent.

RYAN: But, on this one we were slated for discontinuing. But that budget cut, that was a major one. The whole University had to cut. And I can't remember—but we survived by taking about a fifty percent cut in faculty and budget. I wasn't on the budget—the School of Dentistry committee, Sherry Lemon was, and I had trouble getting access to information and to work to counter what was going on in the committee. But we did survive it by—and that's what we took as a cut because we survived. So we were left with an increase of students to thirty-six from thirty, and a cut in faculty and a cut in administrative personnel.

ROSEWINKEL: So what did you do?

RYAN: We doubled up, and I took on a heavier load, and some of the faculty took on heavier loads. And I had—when I first came back here in '76, I had changed from three-hour clinic sessions to four-hour because we had half-time people, and that way they had 100 percent contact. If they were here a half a day a week for clinical teaching, we were able to get—to use our FTE better. So what we did—we couldn't do anything more about that. We were using our FTE to the maximum with our part-time people. We had some volunteers who came in, that we selected, and we had alums who came and volunteered on the clinical teaching and assumed major—really significant responsibility.

In a couple of years, with the help of the Associate Dean, we were able to get some funding to support those people. And then the Dean shifted people that he wanted to shift into the department, not necessarily people that had experience. He wanted to give them some more reason for their FTE, so he put them in our department, which helped. Some of them turned out to be—one of them turned out to be excellent. So we survived. It was a very difficult time, and it was the primary reason that I retired early.

ROSENWINKEL: Because?

RYAN: Because it was—you know, my load was such, and I wasn't able to get any more resources, and I figured that if I released the position that they would—and, then, Dr. Clarke retired about the same time—there would be some money and that hopefully a new person would be able to get those resources.

At the same time, we had established a research program for faculty in the '80s, mid-eighties, and we had a research target placed on one of our faculty who was half-time. She'd been cut from eight-tenths to half-time and was expected to develop an NIH grant in a year with a master's degree in public health. Jill Mason.

ROSENWINKEL: That's one of the things I wanted to talk about a little bit, was about the research programs and how Dental Hygiene was involved with that. Could you pick something recently, perhaps, that would illustrate this?

RYAN: I think—we actually established a goal and a priority for research in the early eighties. This was one of the things when I came that I felt that the faculty should be involved in, and I was going back on our annual reports and looking at that. And people began to do small research projects, faculty.

The greatest impetus came when Kathy Phipps was appointed to our faculty on a part-time basis, because she had just—she was a graduate of our program, had just completed her doctorate in public health at the University of Michigan and came back here—she lives in Newport—and wanted a research position—and teaching, but research primarily, in the Dental School. Well, the Dean wasn't interested, but I negotiated to use some of our FTE to put her on the faculty part-time, with her assignment to be some teaching. And so she actually has done, with Jill Mason, some of the most significant research that's come out of our department on osteoporosis and fluoride in osteoporosis and bone density. NIH grants, some very large NIH grants.

And we received a grant from Kathy's mother of \$80,000 for research, which has been reserved for research for certain purposes. It's to—you know, for a pilot research that would get somebody started, but it has to be a viable research project before—and there is a review committee. I don't know what's happened to that since I left.

But our research—I did some research on oral health needs of homebound elderly compared with ambulatory elderly. My interest is, how does this match with dental hygiene practice and care? There's an important link there, and, in fact, there's a very good match; and the laws, and so forth, and supervision of hygienists, is evidence that there is a good match, that hygienists can have a limited access patient practice without a dentist supervisor. That's a biggie.

ROSENWINKEL: I should tell you that before this interview—

RYAN: [Laughter] But that wasn't the result. But the data did help a little bit.

ROSENWINKEL: Before this interview I talked to a graduate of the program here, and her assessment of the program was it was highly professional, she was very happy with the results, and she's a very successful hygienist in the community. And I asked her what the future of dental hygiene was, in her estimate, from a clinical point of view, and she said that, "We're under very strict supervision by practicing dentists and that the struggle now"—

RYAN: Very limiting.

ROSENWINKEL: Yes. The struggle now is to get away from such limiting factors. So let me ask you, what do you predict will happen in the field in the next few years?

RYAN: Well, what I predict—I have some questions. I think maybe I'm not as patient as I need to be, but I chaired a national committee on the future of dental hygiene education and practice in the mid '80s, and we developed a major report. And we saw dental hygiene being baccalaureate level entry into the profession, and we recommended steps to take, but we also saw that hygienists would have more responsibility for their practice.

We have the responsibility right now, but we have the limitations of the philosophy and practice of the dentist under whom we have to work, even though the dentist doesn't have to be present while we're working, which limits us. We are responsible for things over which we have no control. If we see that the patient needs a given care and we are not allowed to do that, even within the scope of dental hygiene practice, we can't do it. And that's the most frustrating thing to hygienists. Even within the scope of practice that's legal, we can't always carry out that practice because we don't control the time that we have with patients, we don't control our schedule. So that needs to be changed.

The door opened in the 1970s, late, when we were able to get general supervision for working with medically compromised patients. We couldn't work without the dentist being in the facility. And I can remember a periodontist calling me, from Salem he called me—his wife was a graduate of our program, and they were students when I was here in the '50s—saying, "You're opening Pandora's box." Oh, no, first we got the—we were able to get the general supervision for limited access, medically compromised patients. Didn't have to have a dentist present. But, then, when we asked for general supervision beyond that, two years later, I got the call, "You're opening Pandora's box." I said, "No, it's already open. And you were willing to give us limited access patient care but not general patients in a dental office." General supervision. And they didn't, and it was economic. And so we got it, general supervision.

ROSENWINKEL: You did?

RYAN: Yeah. We have, even for local anesthetic—we can't give nitrous oxide—for local anesthetic we were one of the first programs in the country to be able to teach, in states where dental hygienists could administer local anesthetic. We were the first one to get it under general supervision.

So then, subsequent to that, the Hygienists' Association has worked on the limited access, general supervision, to open that up to being able—and I can't remember how they phrase it, but to have a practice—and they have to have a consulting dentist—but have a practice for limited access patients that's called—it's what you would technically call independent. I'm trying to remember the term that's used. Karla Girts is one who's established this, one of our alums.

ROSENWINKEL: But it isn't independent practice.

RYAN: It is not called that, but the hygienist is responsible for the practice and owns and operates—oh, I can't think of—

ROSENWINKEL: We've had this with nurse practitioners and other health care professionals.

RYAN: Yeah, same thing.

ROSENWINKEL: So it's the same idea?

RYAN: We have followed nursing in its evolution, but several years behind. It's been interesting—it was wonderful to work with Carol Lindeman because she was so supportive of us. In fact, she has spoken to our workshops, national workshops, on the future.

ROSENWINKEL: So what do you see, then?

RYAN: So I see that—you know, we have all the rationale for hygienists to be independent—unsupervised practice it's called—to work independently and have unsupervised practice. And not all hygienists want to do that, don't want to have the responsibility for a practice and all of the administrative aspects of that, but there are hygienists who do, and there are hygienists who—all of us want to have the ability to practice the way we have been taught to practice and the way in which we should be practicing without restrictions that compromise our practice, and that is the biggest reason for hygienists leaving a practice when they're employed.

It would serve dentistry well because they wouldn't have to worry about hiring a hygienist. They could contract for hygiene services; they could work in a group practice with a hygienist member of the group. But there's an economic issue there.

ROSENWINKEL: That's the bottom line, I would think.

RYAN: Yes, and a past president of the American Dental Association told me that. He said, "You know, it's purely economic." I said, "I know that." It's very threatening. I'm not sure—I wouldn't say that every program at this time is preparing graduates for that kind of practice, but Oregon, in their changing the practice act to allow unsupervised practice in Oregon, has educational stipulations beyond graduation from an accredited program. Experience stipulations. So there are checks there, that the person is capable of managing the

practice and the care—with consulting dentists.

ROSENWINKEL: So there are a lot of standards, is what you're saying.

RYAN: It can provide more access, and it really can enhance dental care, in my view. So I think that—well, state by state—Colorado has independent practice, has had for several years. They've tried to reverse that, dentistry has in the state; it hasn't worked. It's going to happen, but our licensure is controlled by dentistry, our education is controlled by dentistry, and those are two of the things that we see that have to be corrected. We have to have parity, at least, if we have a common board.

ROSENWINKEL: There are a lot of things that would have to be corrected, is what you're saying.

RYAN: Yeah. But maybe it'll come. I was more hopeful a few years ago because I saw the Hygiene Association taking positions that suggested that. I see them taking positions on educational standards that I think are contradictory, and I don't think they understand that that educational setting is critical to the quality of the education, the resources, and that if that quality isn't there and the standard isn't there, that we aren't going to be able to professionalize dental hygiene. And that's what we've been working toward, professionalization.

ROSENWINKEL: For years and years and years.

RYAN: So if we have the leadership in ADHA that we used to have—I think the best leadership we had in that regard was in the 1960s and '70s—I think we will have more autonomy for dental hygiene. Dental hygiene has only patients' interests in mind, the clients' interest, the public's interest, whatever we call those we serve.

ROSENWINKEL: As a dental hygiene educator for an entire career, looking back at your career, what do you think have been your greatest achievements? Just take a couple of main ones that you think of, either in Oregon or elsewhere, but particularly in Oregon.

RYAN: Well, in Oregon a couple of things. I was on the ad hoc committee established under the Board of Dentistry, comprised of representatives of Oregon Dental Association, Oregon Dental Hygienists Association, Oregon Dental Assistants Association and Board members which revised the practice act in the mid-eighties. That's when we achieved general supervision. I chaired it; I wrote the testimony in the Legislature; and we reminded the Board, who retrenched and reneged on their position in the legislative committee, of the position they had taken and the policy, and so forth; and the presentation. It passed. And that was a significant thing.

I think that also what we've done in education in this program has been an impetus for dental hygiene education in this state. I feel really very good about expanding our curriculum and working with faculty—I didn't do it, but I promoted it and worked with them and saw the need for it—to move us into working with the children up at CDRC, but also working

into that community dental hygiene aspect of our curriculum, gerontology-geriatrics aspect of the curriculum, and also promoting the ability to teach what it is we need to teach to prepare graduates for practice anywhere in the country, because the laws vary.

On the national level, I think the most important—I had to do this recently for an award that I received, but it was the most important thing, I think—a couple of things—two things that I think of—well, a couple of things. One of them was, when I worked for the American Dental Hygienists' Association in the Division of Educational Services, I wrote a grant for a clinical dental hygiene teachers' institute, national, Canada and U.S. And the reason I did that was because I had seen at Columbia, and had seen a cross section, in working at ADHA, of dental hygiene education, clinical teaching, particularly, across the country. And so we did get the grant, and what we did was address what the content of the curriculum should be in the area of preparing graduates for dental hygiene clinical practice and the teaching methodology and so forth. That has had the greatest impact on the quality of dental hygiene education in this country, I think.

The other thing that I did I think were the futures workshops' impact, which was an idea I had when I was at a directors meeting and they were talking about the variation in laws and expanded functions, and there was such a variation in how we felt about what hygienists should do. And I said, you know, we have to speak with a voice. And so I proposed to the group that we have a series of workshops of educators and practitioners from across the country, representatives from every state, to look at the future of dental hygiene education and practice and project it so we had some control over our future, not being bounced around by what was happening in the economics arena and what was happening in terms of the political arena of dentistry. And so that has had impact, considerable impact, countrywide.

So those are a couple of the things.

ROSENWINKEL: Those are very major things.

RYAN: I didn't think so—you know, at the time you're doing something, but, then, when I had to reflect on things recently, last year, I thought, yeah, those were real important things, really important things, and I'm glad I was able to be involved in them.

[End of Tape 2, Side 2/Begin Tape 3, Side 1]

ROSENWINKEL: Heather Rosenwinkel, talking with Peg Ryan.

As part of the Oral History Project, we'd like to find out about personalities and people you've worked with over your career, so my first question would be, what was it like to work with Dean Terkla? Just give us a flavor of that relationship.

RYAN: It was one of the highlights of my career, working with him. As I said previously, I think the most important thing in working for someone is that you respect them and you're in tune philosophically with them; and I was with Dean Terkla.

Dean Terkla was a very constructive, I think, and positive person, and he supported Dental Hygiene, and he gave me, as Department Chair, the same autonomy he gave any other Department Chair. There was no discrimination. And he gave me opportunities by recommending me for appointment to university committees and so forth. When it came to a challenge for the program, perhaps a cut, he was there, promoting Dental Hygiene. He was supporting the program.

He is a man of integrity; I think he's a very honorable man. I have great respect for him. And you always have things you would do differently if you were Dean. I think one of the—nobody's perfect, but he was democratic, and he sought the input of faculty, he recognized faculty really are responsible for curriculum. He was not dictatorial. If he had a flaw, he was too democratic, we used to say sometimes, because we'd get bogged down in meetings. But I think he is just an exceptional person, and I think that's one of the highlights.

ROSENWINKEL: It sounds like a very fruitful relationship.

RYAN: Yes. I have great respect for him, and I enjoyed working with him.

ROSENWINKEL: Well, let's pass on to the last Dean under which you worked, and that's Dr. Van Hassel. Would you make some comments on what it was like to work under his deanship?

RYAN: It was very different. He is not a democratic administrator. He is more—he's a very bright man. I think he's very—[pauses]. He has more control of what is happening. I think he's in many ways much more political than Dr. Terkla, in a sense for what is—when it comes to dental hygiene, while he supports it, he will compromise that support if dentistry has a different position. So in that respect I didn't see the same kind of treatment for our department as other department chairs had. I think he did some very good things as Dean. He promoted research. He's fiscally very—I think he was able to seize an opportunity and use it to help the School, and did so. [Pauses]. I think he can be very stimulating, but also he's very frustrating [laughter].

ROSENWINKEL: It sounds like under his deanship that Dental Hygiene went through some very difficult times—

RYAN: Yes, it did.

ROSENWINKEL: ...that we alluded to before, and difficult times are just that, they're difficult for all concerned.

RYAN: Well, I think in those times it was political pressure that prevailed, versus the ability to stand up and say, you know, "Dental Hygiene is important, and this will not be." But it was hard for him to give us a voice.

ROSENWINKEL: We are now looking at Sharon Turner as the Dean of the Dental School, and apparently this is quite unique, from what I have read, having a woman dental

dean.

RYAN: Well, there are some, and there have been. [Laughing] It is certainly unique for Oregon, I think.

ROSENWINKEL: Would you make any predictions on how Dental Hygiene might fare? I know this is a crystal ball, but—

RYAN: I've only read some of the statements she made when she was appointed to the position. I really have no knowledge, other than I think she expressed positions that would be very supportive of Dental Hygiene. It's my understanding that she has a university orientation, which—Dr. Van Hassel did not see the university as so important. But I think she has more of an educator's view of the University, where the Dental School fits, where the Dental Hygiene program fits. I think she will be supportive of—I would hope she would be supportive of Dental Hygiene's involvement with the Allied Health Council, and so forth.

That's based on what I've read and what I've heard; so I think it's exciting, and it will be interesting. I'm not one that's committed to having women in certain positions. I think, you know, people who are qualified should be in the positions regardless. [Laughing] That comes from my upbringing—which reminds me of a story about my dad. But I think that—I think the future is much brighter.

ROSENWINKEL: Going along that line, one of the themes we've had in interviewing people on campus is about the place of minorities in various University programs. In the '70s, there was affirmative action and other various programs to assist minorities, and women in certain programs, to come to this University. How was Dental Hygiene involved in those over time?

RYAN: I was on the affirmative action committee when it was first formed. I don't see that's it's made any difference with Dental Hygiene. We're a woman's profession. I think that the program practiced affirmative action principles in its admissions and so forth prior to the time I came and during the time I was here. I don't think it—[pauses]. I have to say that when there was an affirmative action or discrimination issue in the Dental School, the women didn't get the support from the affirmative action office or on up, and I can cite a few examples.

ROSENWINKEL: We don't need to go into examples.

RYAN: I think—I don't know. I'm glad we have affirmative action; I think it benefited the University.

ROSENWINKEL: Has it benefited any minorities coming into the Dental Hygiene program, as a result of, say, going to the community, publicizing the programs available here. Did you see any effect?

RYAN: Well, I don't think we've changed anything, so, yes, I think that—you know,

it's become more visible, yes, and I think that we're more in tune with it. I don't think it's significantly changed what we have done in Dental Hygiene, but I think there are some times when it came in handy in the admissions committee.

ROSENWINKEL: I'm sure that's true.

RYAN: And so I think it reinforced what the Dental Hygiene faculty believed in, because, being women, we had some feelings about discrimination and so forth that I think were reflected in the actions we took as members of the admissions committee and members of the department and so forth, and in faculty recruitment. So, it gave us ammunition, and I think it gave us—it helped us take convincing positions.

ROSENWINKEL: I have never heard of a male dental hygienist. Do you have any comments on that?

RYAN: Well, we've had several male students in our program. Our first male had a tough time, because I can remember the first day—we had “women's lounge” on the locker room, and he ripped it off. He had a hard time, not because of anything that was done. We tried everything to work it out. He had a class that was wonderful, a *wonderful* class, but he really didn't want to be in dental hygiene [laughter].

But the male students, we've had several now, and I think we're up to maybe eight or nine. That's not a lot, but if you look at it on a national basis, we're doing very well. There are not many males in hygiene yet, but for years the law didn't allow it, and dentistry didn't want it because they felt the male would be confused with the dentist in the practice or the male would make more demands. That's not true at all. I think it's healthy for the profession, and always have felt it was healthy.

I can remember when I came here in 1957, going to an ODHA meeting, and the members were talking about admitting a male hygienist to the Association, because it was written in the bylaws of the Association that it was female. And this was a dental student who did not get his degree but was then awarded a dental hygiene degree, who had practiced very successfully, was highly regarded by dentists in the community. And I can remember arguing for that, that we should admit him to membership, and we were doing ourselves a disservice, as well as him, by not doing so. And he was admitted to membership, and that opened up the membership of the organization. So that really was the first male, quote, “graduate”—he wasn't really a graduate of the program, but, nonetheless—in Oregon. So Oregon was as real pioneer in that regard.

ROSENWINKEL: Interesting. I didn't know we had this discussion. It's very interesting.

In the last few years, in, say, the late eighties and nineties, we've had the development of extensive technology, computers and other things. How has Dental Hygiene participated or been in the forefront of that?

RYAN: Well, I think we were in the forefront in the Dental School, because when Dean Terkla was Dean—we started talking about computers in the '70s. There was a department chair meeting, and we were to develop proposals and so forth; and I worked with the consultants that we had, who were dental faculty members. And we developed a proposal for computerizing our patient records and so forth. Well, there wasn't enough support. There were three departments that were interested in it, out of twenty-seven, so it didn't fly.

And then it started—it was gradually introduced after that time. And we were one of the first departments to use it for our patient records, our student records, and so forth. So—and it's had a wonderful impact. One of the ways in which we dealt with the budget cut, particularly the last one, was to computerize all our grading for—our clinical performance evaluation and our assignment of patients. So it has had considerable influence on the administrative operation of the Dental Hygiene Department in the clinic. And the Dental School is computerized now in their patient resources. We computerized before they did.

ROSEWINKEL: So you have a clinical dental record, then?

RYAN: Um-hmm.

ROSEWINKEL: And do you also—

RYAN: Student records, student performance records.

ROSEWINKEL: Student records. What about the use of computers by dental hygiene students for their own information needs?

RYAN: It's used to some extent. It may be increasing in the last couple of years. Jill Mason, particularly, has used it. What we did to give some impetus to students using the computers—the Dental School Library had some limited computers. It was not a big thing, as you know. But what we did was, we moved them up to BICC. We said, "You need to go up to BICC and get this information." We incorporated a BICC orientation in our orientation for incoming students, and Jill gave them assignments, particularly for her community health sequence and her health behavior. That's one of her special areas is health behavior, and our students get marvelous work in that regard. So she's had a lot to do with them using computers. Also, we required all of their papers to be written on computer, and they have to do research papers that require computer searches and so forth.

ROSEWINKEL: So you have a highly literate, then, Dental Hygiene operation.

RYAN: Yes. And that's been incorporated—well, when I first came we started requiring students to write papers and to do research papers for various courses, and so I think—and we've incorporated, of course, as I said before, a review of literature and evaluation of scientific literature and that kind of thing. I don't know if that answers the question.

ROSEWINKEL: That answers the question just fine.

RYAN: We'd like to have them more involved [laughter], but there are limitations because of resources.

ROSENWINKEL: We're nearing the end of the interview, and I understand that it's the fiftieth anniversary of Dental Hygiene here on campus next year. How are you involved with this?

RYAN: Well, I'm involved on the committee that's the Dental Hygiene fiftieth year centennial. It is something that I wanted to see Dental Hygiene involved in before I retired, and, in anticipating that, suggested that we, along with the centennial for Dentistry, this is an opportunity to celebrate fifty years of dental hygiene. We're one of the oldest dental hygiene programs in the country, the oldest one in the state, a major resource for hygienists in this state; and that this was a time to celebrate what we had done and to really recognize our alumni, because they're the reason we have the reputation we have, and we have an exceptional alumni.

So we asked to form a committee, and I have been working with the chairs in the promotion of the centennial, with promotional materials and so forth; and I'm responsible for the luncheon celebration and working with them and planning the program and developing the lectureship.

Establishment of an endowed lectureship was an idea that I presented to the—there's the steering committee for the centennial for Dentistry, which I was a member of, and Hygiene was not identified in their proposed activities and fundraising projects and goals. So I, at the meeting, sat there and thought hygiene was—but, “Oh, yes, it's there, because it says, and dental hygiene.” And I said, “We need a focus for our alums.” And so, off the top of my head, I said, “How about an endowed lectureship?” We could use that, because it would offset the deficiency in faculty resources. We could bring somebody in once a year to do the update lectureship.

We have an annual dental hygiene update lectureship which we started sixteen years ago because I thought we should do something for our alums. We want them to support us; let's do this. So it's something that we initially didn't charge them for. Now we have a luncheon—well, we had a luncheon then, a reception. But we have outstanding attendance. So I said, “Let's do the dental hygiene lectureship.” We'd have an endowed lecturer come and do that lecture and also spend a week or so with the faculty, be a person selected for expertise in being on the front line of some aspect of dental hygiene, and bring that to the students and to the faculty and to the alums. And so that's what our project is to do, to establish a lectureship in dental hygiene, endowed lectureship.

ROSENWINKEL: In general, then, your alumni, have they been very generous in annual donations or whatever?

RYAN: They have not—it's relative. It's getting better. One of the problems has been—and this was something that always frustrated me. We were not allowed—I was not

allowed, as department chair, to solicit designation of funds for Dental Hygiene. This was under Dean Van Hassel. I used to discuss this with him, because the Ortho Department could do it, another department could do it, but we couldn't do it. So, then there would be discretionary funds. The hygienists would complain to me, "They never mention hygiene." They'd have the phone—they'd have the annual meeting of alumni, at the phone-a-thon, callers, orientation dinner and kickoff dinner, they wouldn't mention hygiene, yet hygienists were there. And they'd complain about it. I said, "They're not going to give"—and they'd come up and say, "I'm not giving. They don't even mention us." So, I said, "They are going to give if they have an alliance with what they're giving to." So that's been an issue that we've gotten over this hurdle now, and now we can go forward with this endowed lectureship.

ROSENWINKEL: It sounds like a wonderful idea.

We've been talking—you've been talking a very long time, and I think this has been an extraordinary interview. I've enjoyed it greatly.

RYAN: Thank you.

ROSENWINKEL: Do you think there are other people I should talk to in Dental Hygiene?

RYAN: [Pauses]. Let me think in the department. You know, I don't know if you want people of long history or what.

ROSENWINKEL: I would say the emphasis here is to find out about the programs on the campus, as Dental Hygiene relates to OHSU.

RYAN: I think Jill Mason would be a good one, because Jill Mason has been the one that's really developed our community dental hygiene. I think she has a good view of what's happening here because she's been involved at the university level.

You might want to talk to Sherry Lemon. And, let's see. [Pauses]. Those are the people that are most knowledgeable about what's happening within—yeah, I'd say those two. Barbara Marquam is also a member of the faculty who's been here, was a student and has been on the faculty since the late '60s, I believe it is, and she has some good historical perspective. And she, then, has seen a lot of evolution.

ROSENWINKEL: Is there any question you'd like to ask me about this interview?

RYAN: [Pauses]. No, I don't think of any. I'll think of some afterwards. But I've enjoyed it, too, and you allowed me to recall things and ramble on, but it's been fun.

ROSENWINKEL: This has been wonderful, because you've been very fluent, and not everyone is as fluent as you are.

RYAN: I get carried away [laughs].

ROSENWINKEL: Thank you so very much for doing this.

RYAN: Well, thank you, Heather.

[End of interview]

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