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VIRGINIA COMMONWEALTH UNIVERSITY

School of Dentistry

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VIRGINIA COMMONWEALTH UNIVERSITY
SCHOOL OF DENTISTRY NEWSLETTER

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I hope you all have taken time to appreciate how those long undergrad days, countless hours of studying for the DAT, dozens, if not hundreds of shadowing hours, and possibly past careers have culminated into entering the hallowed halls of our school. This time is so exciting. Think of all those notable “dental school” activities you’ve already experienced in two short weeks. You’ve stuffed yourself silly while becoming oriented by Dr. Healy; dissected cadavers, exposing occipital triangles and spinal extensors; begun transforming blocks of wax into teeth; received life counseling from Dr. Gudas and most importantly joined a community.



Our community is our school’s best asset. This is a place where it seems everyone here or has ever attended is amazing. So many knowledgeable faculty and staff, alumni, current leaders and no doubt future leaders, incredible students, and patients walk these halls regularly. It is so remarkable how accessible and united everyone is. I can confidently say I don’t know many other places where I have gone days without seeing a familiar face, been offered help, asked how my day is going or simply greeted with a smile. While these acts of kindness might seem so mundane and insignificant, they are essential during times of stress and struggle. One of my old bosses once said, “Dentistry is hard!” and it is my belief that our challenging profession is made much easier and hospitable amongst a wonderful group of people—that’s what we have here at VCU.

So, Class of 2018, I not only challenge you to do well in school, which I am sure with effort and your fellow VCU community, you will achieve, but to also work hard daily to improve our community. I encourage you and everyone else, to become more involved in our community. Join and participate in those representative professional organizations you hear about. Explore shared interests in the dozens of school clubs or interest groups. Participate in community service. Introduce yourself to that person you keep seeing day in and day out, or if baby steps are bit more your style, how about giving a friendly wave. We are all in this together so why not make it remarkable journey experienced amongst great peers and amazing friends.

How I spent my summer vacation. And what I learned.

David C. Sarrett, DMD, MS, Dean VCU School of Dentistry

After a summer filled with attending meetings, I am more inspired than ever by the great outlook for both dentistry and dental education! Yes, there are, and will always be, challenges, but we stand on a firm foundation. Four trips to Chicago to participate in American Dental Association (ADA) business over two months provided many learning opportunities and a bit of nice weather in downtown Chicago. Not a bad place to spend a few days in the summer - great shopping, tasty food, and live music. My best advice for a successful professional future is to be informed, listen to knowledgeable people, ask questions, and be ready to adapt to change.



My first trip was to attend the ADA Council on Dental Education and Licensure (CDEL) Stakeholders Meeting on a Comprehensive Study of Dental Education. I began a four year term on the CDEL last fall and members of the Dental Education Committee of CDEL were requested to participate in this meeting, plus three subsequent conference calls. This meeting was convened to prepare a report in response to the following ADA House of Delegates Resolution:

56H-2013. Resolved, that the ADA seek collaboration with broad communities of interest, including dental educators, students, practicing dentists, health economists, and others with appropriate expertise to define the scope and specific aims of a comprehensive study of current dental education models, to include:

1. Evaluation of the long-term sustainability of dental schools.
2. Evaluation of the efficiency of the current dental school curricula and delivery methods.
3. Analysis of the impact of student debt on dentistry as a career choice and subsequent practice choices.
4. A determination of whether dental schools are meeting the appropriate level of scholarship to ensure that dentistry continues to be a learned profession;

and be it further

Resolved, that the ADA's financial implication for this resolution shall not exceed \$80,000, to be used to define the scope and specific aims of the study, to determine the estimated cost of the study, to identify potential funding sources for the study, and to report to the 2014 ADA House of Delegates.

This was a resolution that directed the CDEL to define specific research questions on the status of dental education. I believe the original proponent of the resolution (as well as earlier versions of the one printed above) had a bias that dental education was broken in some way and something needed to be done about it - "the sky is falling" thinking. The meeting included speakers on a dental school's role in the larger university, dental education financing and dental school finances, curriculum models, trends in student applications and interest in dentistry, trends in practice opportunities for graduates, and dental schools' role and contribution to research and scholarship. This was a very broad overview that needed to be funneled for better clarity. The remainder of the meeting was a facilitated discussion which generated research questions that were subsequently reduced to a more realistic number. The report is not yet public and first must go to the ADA House of Delegates this fall, so I cannot divulge details of the report or recommended research questions at this time. I can say that there is a need to have better data on how dental schools operate in order to improve the educational outcomes while controlling costs. There is also a need to better educate political, dental professional, and higher education leaders on how dental education operates and to work on greater advocacy for students and schools. The bottom line is dental education is not broken and does not require a major overhaul as some people may espouse.

My second trip was to attend the ADA Council on Scientific Affairs (CSA) as editor of the ADA Professional Product Review (PPR). The ADA PPR is a member benefit publication of the ADA Division of Science. Members of ASDA are members of the ADA and they have access to this publication. If you have not seen this publication, it is easy to find on the new ADA.org website. Go to www.ada.org and click on Publications. The mission of the PPR from its website is:

The ADA Professional Product Review launched in 2006 under the auspices of the ADA Council on Scientific Affairs with the intent of providing ADA members with content compiled from the best

available sources. The result is information that's user-friendly, unbiased, clinically relevant and scientifically sound.

The current issue contains articles on endodontic rotary instruments, root canal reagents, chair-side health screening equipment, and bisphenol A release from resin-based restorative materials. You can also access all of the back issues on ADA.org.

This visit to the ADA was to provide an annual report to the CSA on the PPR program and gain input on how to improve the publication. An interesting topic was proposed by the CSA for examination by the PPR. The ADA often receives calls from members regarding ingredients in dental materials and devices because of odd reactions by patients. Example ingredients mentioned by members of the CSA were gluten and pinenuts. In general, manufacturers do not provide a comprehensive list of ingredients and if you ask for it, the response you will likely get is that this is proprietary information. The PPR was asked to consider this question and propose what it could publish to assist dentists. We concluded that attempting to find out all of the ingredients in each dental material was an impossible task. Two possible initiatives were to educate dentists on the Federal Drug Administration's postmarket surveillance program and collecting a list of ingredients to which patients report having adverse reactions. Manufacturers can then be asked to confirm that their products do not contain any of these ingredients. The FDA post-market surveillance program allows practitioners to file reports of adverse reactions to drugs, devices, and materials. The ADA PPR is planning to implement these initiatives.

My third trip was to serve on the ADA Library & Archives Advisory Board (LAAB) representing the CDEL. Did you know the ADA had library services? I doubt many ADA members know there is a library. Over the past two years, the ADA library has undergone a tremendous overhaul and added services for members. You can also find this on ADA.org at: <https://www.ada.org/en/member-center/ada-library>. Once students leave school, as an ADA member, the ADA Library will offer you online access to many journals and books, similar to what you have as a student at the university.

My fourth and final trip to Chicago, and the ADA building at 211 East Chicago Avenue, was to attend the Journal of the American Dental Association (JADA) Editorial Board meeting. Board members evaluate readership, manuscript submission, and financial data and provide input on the priorities and direction of the publication. JADA is one of the most read dental publications in the world. From January through June 2014, full text online usage was 485,466. Guess which library among institutional organizations ranked #6 in online usage? VCU's Tompkins-McCaw Library! JADA prides itself on having content for most everyone in dentistry while maintain a high impact factor among scientific journals.

Have a great year and I would love to hear what you learned on your summer vacation.

Letter from the Editor

Anna Pitz, D2016

As summer transitions to fall, we yet again find ourselves back in the hallowed halls of Lyons, Wood, and Perkinson. Sunny days spent floating down the James, Wednesday/Friday half days, and lengthy summer breaks for those lucky first and second years are now a thing of the past. As the new first year class transitions into the school, I can't help but look back to my own experiences as a first year.



Dental school seemed like an end goal I had just spent the past four years striving to reach. In reality, it is only the first step of a dynamic journey that has yet to reveal its final destination. Very few of us know with certainty where we will end up when we finish school, and that's okay.

It's easy to tune out the surrounding world and drown yourself in books and Woolwine Lab for the first couple of years, but don't forget that *four years* of your life are passing by as you dedicate these countless hours. A lot can and will happen in this time and striking a balance is crucial, especially if you intend to keep your sanity. Many of us are in different stages of life but I propose the same challenge to each and every one of you—don't let dental school hold you back from living life. Travel, actively participate in raising your children, train for that marathon. I am a strong believer that setting ambitious goals and making plans outside of school forces you to become more efficient within school. You *can* do it all. After all, we are constantly reminded that the days are long, but the years are short.

A Change in Direction

Matt Gaynier, D2018



“What do you want in a career?” As an admissions advisor at a for-profit medical college, I asked this question every day to prospective students in order to pinpoint what direction to refer the student within the medical field. Asking this question more and more, I began to realize that I myself needed to take a step back and ask what I wanted my own career to entail. What are the aspects of

a career that would continue to fulfill and motivate me day in and day out? At that time, I had graduated from Radford University with a degree in marketing and found myself jumping from sales job to sales job over the course of three years with no real direction. The cycle of working for the next big sale was not satisfying my need for affecting lives and being an integral part of a community. I realized that I was not fulfilling the aspects of a career that I had envisioned for myself. I wanted to have a positive impact on peoples’ lives as well as combine my business background with a specialized skill-set. These “must-haves” are what initially brought me to the field of dentistry. Having not taken any science classes in undergrad, I knew it was going to be a long road ahead but decided to quit my job and go back to school full-time in the fall of 2010.

During this time, I began shadowing various dentists and quickly noticed aspects of dentistry that were exactly what I was looking for in a career. Every day dentists have the ability to make a positive impact on a person’s life in so many ways. They administer preventative care and alleviate pain, but most importantly they provide patients with confidence. I can attest to this first hand, having spent

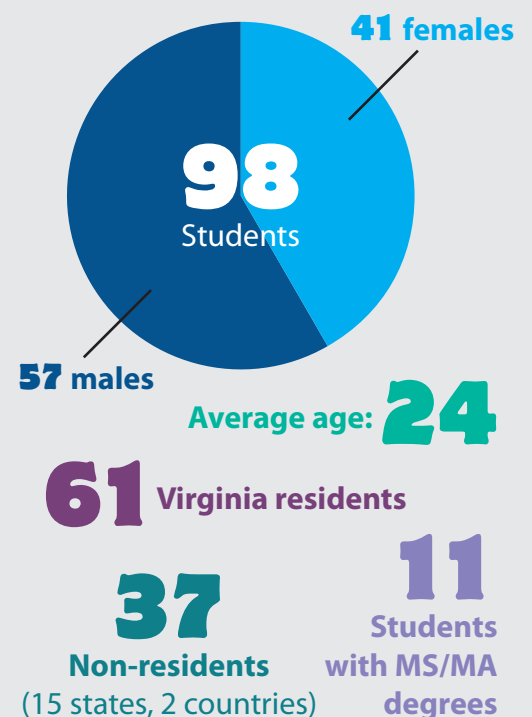
the majority of my life unhappy with my front teeth. I found myself self-conscious about my large gap and reluctant to smile. After a consultation, I decided to have my gap closed through dental bonding. I was amazed with the results and now have more confidence in myself than ever before. The opportunity to give someone else that same feeling is what I want in a career and what really solidified my passion for dentistry. At that point, I knew I had made the right decision.

As a nontraditional student, my path towards dentistry may not have been as direct as most, but I would not have changed anything. I learned a lot about myself. I was not fulfilled in my previous profession and did not settle. I took matters into my own hands and went after a career that would allow me the opportunity to make a real difference in people’s lives. My time in sales and marketing has taught me that effective communication is essential in building long-lasting, trusting relationships. I have been pleased to see the same relationship principles that I learned and used from my marketing degree also pertain to the dental field and will continue to benefit me in the future. What started as an idea and an introspective question a few years ago has now become a reality. I am extremely excited to start this lifelong journey into dentistry and am privileged to be a part of the VCU School of Dentistry Class of 2018.

Calendar of Events

September 18-21	VDA Virginia Meeting	Hot Springs, VA
October 4-5	Grundy Missions of Mercy Project	Grundy, VA
October 9-14	ADA Annual Meeting	San Antonio, TX
Oct. 31-Nov. 2	ASDA National Leadership Conference	Chicago, IL

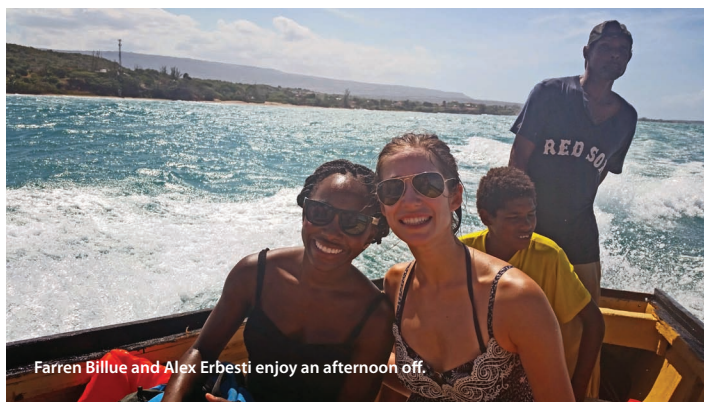
D1s By the Numbers



The VCU Dental students stand for a pose before heading to clinic.



VCU Dental students are all smiles after seeing patients.



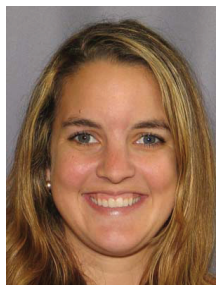
Farren Billue and Alex Erbesti enjoy an afternoon off.



Eric Bokinsky, Jennie Tran and several students from MUSC work on patients at the Helping Hands clinic.

The Christian Dental Society's Jamaica Trip

Kristin Edwards, D2016



112 restorations, 359 extractions and 95 prophies. Although this sounds like another day in the VCU School of Dentistry, very different circumstances surrounded this dental work. At the end of July, MUSC, Howard, and VCU dental students descended upon the Helping Hands Dental Clinic to provide services for the people of St. Elizabeth, Jamaica. These were the type of experiences you typically only heard about: patients standing in line since 3am; high speeds without water; stationary chairs that don't move up, down, back or forward; and temperatures hovering in the 90's inside the clinic. It was in these conditions the value of our skill set was fully appreciated, both by patient and clinician.

Of the nearly 400 patients we treated, one particular scenario comes to mind. A three-year-old who had never seen a dentist, was in for her first visit. It was not for a cleaning and check-up but an extraction; K barely had a crown left. As we worked on trying to numb her, all I could think about was how much I missed our fantastic pediatric department. I was teamed up with an MUSC D4 and with the help of a great assistant, MUSC faculty (Dr. A), and the American classics of "Mary Had a Little Lamb" and "Oscar Meyer Weiner", we wiggled the tooth out. Although the feat tested my former pedo assisting skills, steady hands (or lack thereof), and extraction skills, her laughter and hug 30 minutes later made the whole event worth it.

Being able to see this many patients (we couldn't bring aXium with us) is a fantastic experience. For the first time, you really get to see the miracle your hands can work, and as my old track coach used to say, "Trust your training". In addition, you get to experience a unique foreign culture as well as engage dental students from both VCU and different schools. Our teamwork formed a bond you could only experience in this type of environment. The CDS Jamaica Project once again confirmed I have chosen the right profession, and I feel very, very fortunate to be part of the dental community: a loving, compassionate and all-around fantastic group of people.



Career Choices 101

Conway L. Upshur, DDS

As the new academic year begins, everyone seems to get a fresh start as they approach the beginning of their new career. Dental school is a long road, half a decade for some and nearly that for most. That road culminates with the realization that you will depart the school as a newly licensed doctor needing to support yourself and possibly others. While some of you may have plans locked down after school, some do not. The majority of you will figure out what direction you're moving by the beginning of your final year, but some may still be wondering. After getting some clinical experience, some of you may even be wondering whether you made a good choice to pursue dentistry, especially if you had no prior knowledge or experience of the field.



Regardless of your strengths, interests, and personality, your new profession offers a wide variety of choices. Here are eight distinct full-time paths that could all be taken after graduation. I have a wide range of experience from this list and have practiced in the states of Virginia and Washington. Feel free to ask me how to begin exploring any of these options.

Private practice, group

Aside from residency programs, this area seems to get the most attention from students, and rightly so. A well-managed group can be extremely profitable while providing a great safety net for the practice, should a provider need to take time off from work or get a new provider up to speed. Environments here can vary from smaller offices with two or three providers to much larger groups with multiple local offices. Room can often be made for a new dentist but at some point that new dentist will have to pull their own weight and improve the practice's bottom line. You will have the opportunity to see experienced doctors and managers in action and learn from them while deciding what path you will eventually take. Becoming part of an unfamiliar group will take some investigation and may present some of the potential pitfalls of corporate practices, namely pressure to produce at a certain level or adhere to particular treatment philosophies.

Private practice, solo

Although this would be a tough road to take right out of school, it's possible. Be careful here unless you are completely confident that you can run your own small business while supporting your desired lifestyle. Choose your location carefully and avoid saturated areas. Starting up from scratch or even buying an existing practice may need several years before seeing a good return. However, if you last that long then this option could provide great personal and professional rewards. You'll likely be borrowing a lot of money to purchase and may be getting advice from a practice broker. Caveat emptor. It will be nearly critical to have great leadership skills to manage staff as well as the stress of running a business that relies on you. Repeat - unless you're a business person who is also prepared to be married to their office, be careful with this choice. Well managed, however, this could be greatly rewarding for those who truly want to run things their way.

Corporate

Often derided to some extent, these opportunities are what you make of them. In this environment I had great rapport with patients as well as management by being flexible with staff, instruments, etc. and straightforward in a respectful way with treatment plans. If even asked, I explained to all involved why I thought it was best to adhere

to my treatment plan, and was never told “how to practice dentistry”. I was never a stellar producer relative to those who chose to fill every stained groove but always had the reputation of being honest and a go-to provider for difficult or unhappy patients, which was certainly valuable to management. Nevertheless, this area of practice can generate negative emotions for many. High turnover rates result in nearly continual job postings and it seems that there is usually an understanding that these positions are stepping stones of some sort. New doctors are often welcome, even expected. Most corporate practices are driven by provider production so there may be pressure to produce at a certain threshold level. A “break-in” period may be given. Other corporate practices may be based on capitation. Grossly simplified, they are paid a certain amount by insurance plans to see their patients regardless of whether the patient seeks or needs treatment. These practices may urge providers to be conservative. They may go to great lengths, for example, to follow remineralization protocols since it minimizes patient visits. These positions are jobs in the old-school sense that you are an employee, but can pay very well. There may be corporate positions in unexpected areas, too, such as companies that provide dentists to overseas locations where Americans may work. Depending on your locality, there may be a temporary employment company that has enough openings to keep you busy. I knew several dentists in the Seattle-Tacoma area who made this their sole income. They could turn down work when they wanted and so on, but there certainly could be “dry spells” too.

Community Health

By this, I mostly mean working for a FQHC – federally qualified health center. Look up Capital Area Health Network (CAHN) in Richmond as an example. These offices are non-profit corporations, many of which are very large with a typical corporate structure – HR, operations, facilities, etc. Most offer an interprofessional structure to the community that strives to offer a “home clinic” that encompasses medical, dental, and possibly mental health needs. There are lots of employees, providers, and also the accompanying bureaucracy. Salaries and benefits can be quite good, often with bonuses related to production or patients seen as well as loan repayment programs. These clinics receive public money from the state and federal level as long as they meet criteria to act as the community’s social safety net. Depending on the state’s reimbursement program for dental treatment, you could be doing basic dentistry to include endodontics and basic prosthodontics. There will be much less pressure to do anything particular as long as you can treat walk-ins and don’t judge your patients, most of whom come from dysfunctional environments that most of us likely do not comprehend. If I wasn’t here, I would strive to work for a FQHC. This was the area in which I worked in Washington prior to returning to Virginia and beginning here at VCU. Good compensation and benefits, no worrying about the business or personnel, and definitely helping every patient – who wouldn’t be seen anywhere else for the most part.

Public

An example here would be a public position at the local, state, or federal level such as a Department of Health, Department of Corrections,

or Indian Health Services. Although some private practitioners and corporate entities are active in treating the underserved, this role also lies with certain governmental agencies. These positions are generally slower paced than most and may have lower salaries. Benefits here can be very good, including loan repayment or scholarships. Concerning job security – you will want to do your best to evaluate the priority of dental care in whatever budget may be funding the position. Public “downsizing”, phasing correctional institutions in and out, and general economic conditions affecting the tax base are examples of this sort of thing. There are virtually no worries here about production and you may have the latitude to pursue specific personal interests to include clinical, scholarly, and administrative development. For example, endodontic needs at a correctional facility are often referred to a specialist or just not done. A provider interested in doing endodontics would likely have the funding to pursue any manner of learning and practicing with whatever equipment they desired. On the other hand, a provider interested in spending less time in the chair and more time contributing to public education or disease prevention would also be welcome.

Military

Great benefits here are the unparalleled opportunities for advanced training and residencies. While you certainly must live the military lifestyle, those willing to do so can expect nearly open doors to programs that lead to board certification in specialties of choice.

Residency

I’ll speak here concerning AEGDs and GPRs. If you’re headed to a specialty residency then most of this article doesn’t pertain to you anyway. Both an AEGD and a GPR program give you that buffer between dental school and the professional world but are very different. While the AEGD will be an advanced extension of dental school with great training, many of these procedures can be developed without a residency by attending CE courses or joining an active study club. The GPR is a unique experience that you probably cannot duplicate. It can be a great eye-opening experience to see and directly participate in the way that hospitals and physicians operate. This can be valuable in adding to your professional wisdom.

Academics

Perhaps the greatest need in dentistry lies in academics. Due mainly to income disparity, it is notoriously hard for dental schools to find and keep good quality faculty. It is even more difficult to find faculty who are both great educators and clinicians. It is not for everyone and faculty members are here because they enjoy it. Plenty of opportunity exists in all of these other options. It is a lifestyle choice with professional options that simply cannot be found anywhere else, namely in the areas of research and education. You can choose to some extent how involved you want to be in clinical or classroom environments while most schools also offer the opportunity to see patients in a group practice made up of faculty members. It is entirely possible for students to seek a professional track that could lead to a satisfying academic career consisting of treating patients part-time, participating in or conducting research, and interacting with students.

Dentistry in the Supreme Court

Dani Howell, D2017

We've all heard it, dentistry is not the same as it used to be. Today, as new dentists, we have to deal with third party payers, corporate dentistry, and finding a way to pay all our student loans off. Because of this, now more than ever, it is vital to be aware of dentistry outside of the operatory. Decisions being made in the federal and state government will dictate the future of dentistry. Currently, the North Carolina Board of Dentistry is the influence of the legal system can impact our practice of dentistry.



Whether it is ZOOM!, Crest White Strips, bleaching trays, or even whitening trays, teeth whitening is one of the most popular cosmetic procedures a patient can receive. Whitening has become so popular that many spas and even mall kiosks now offer these services. While some over the counter options are safe, the products with higher

concentrations of bleach are reserved for dental practice use.

Many dentists have voiced concern stating that these bleaching stations or kiosks are practicing dentistry without a license. The North Carolina Board of Dentistry sent out cease and desist orders in an effort to protect the practice of dentistry and keep these businesses from offering bleaching. Following the cease and desist orders, the NC Board faced a new battle as the Federal Trade Commission brought suit claiming restriction of business and violation of antitrust laws. Generally, the Board of Dentistry is protected by the state-action doctrine. The state-action doctrine prevents anti-trust violations for those acting on behalf of the government. Since the board is often made up of appointed members, the board actions are protected.

However, the FTC is alleging that because North Carolina Board members are elected to the Board versus receiving an appointment, they cannot be protected by the state-action doctrine. Should this suit have been brought forth in Virginia, it would not be valid as the Governor appoints its members of the Board of Dentistry.

The FTC claim was heard in the 4th District US Court of Appeals. The 4th District court sided on behalf of the FTC stating that the Board of Dentistry was overstepping its bounds, restricting trade, and was in violation of the antitrust law. The ruling of the court was that the Board was not acting in public interest but acting as representatives private sector and did not have proper oversight.

North Carolina continued to appeal the decision of the lower courts and brought this debate to the Supreme Court. The Supreme Court agreed in April to review the case this fall. By placing this case on their docket, the Supreme Court will be deciding if the state boards structured like North Carolina can be considered state actors. Meaning, the Supreme Court will decide whether or not a board has to be appointed by the legislature to be considered a state actor or if, like in North Carolina, the board is simply established by the legislature.

Should the Supreme Court uphold the 4th District court's opinion, the justices would be able to make guidelines on the oversight required for private sector actions by the board and declare which actions are protected by the doctrine. Furthermore, all 50 states could be impacted since medical and dental boards exist in each state as the Supreme Court will determine if state boards should be considered representative of the private sector or as government representatives of the public sector.

The Board's scope of power is being addressed in this case. Given that the Board of Dentistry dictates all guidelines and statutes that govern dentistry, the ruling of the Supreme Court could impact the way we practice in the future.

Happy Patient, Happy Practice

Anna Pitz, D2016

Throughout our time in dental school, it's easy to fall into a false sense of security that patients will always be handed to us. When the little blue box pops up on axiUm, it's hard not to think maybe this will be a "first crown" patient or *finally* a distal patient. However, once we leave our practice groups and enter a real world practice, we can't expect patients to pop into our office doors like they pop up on axiUm. We will have to work to retain the patients we have while simultaneously devoting time and resources in the recruitment of new patients. The dental school "bubble" protects us from bad habits in patient management skills that can potentially lead to the loss of a particular patient. These habits can be detrimental in private practice so now is time to figure out what works and what doesn't work to correct these habits. Many factors go into determining a patient's satisfaction with their experience in the chair and all have impacts on how likely a patient is to return for future care. Spoiler alert—though incredibly important, most of these factors do not involve the technical aspects of dentistry!

Now we all know that operating within the dental school may not be the most convenient environment for patients. Many of them walk in stressed out about how many times they had to circle for a parking spot. Waiting for faculty checks throughout an appointment or scheduling multiple appointments for more complex procedures may not be the ideal amount of time they would like to spend in the chair. However, we can do our best to work efficiently within our means by preparing ahead of time for our patients and being ready to seat the patient at their appointment time.

Finances seem to be out of our hands as well. The School of Dentistry provides an excellent opportunity for patients to find affordable dental care, but we all know the frustration of composing a treatment plan for a patient in need of extensive restorative work just to see them walk out the door and never return once they see the price tag.

The "office environment" of the overall clinic may seem stressful to the patient as we wind them through the maze of Lyons or Wood, but once at the cubicle, the environment created here is the responsibility of the student. This is where a relationship is fostered between a patient and provider. Again, preparation is key. If the student walks in unorganized and unsure about clinical procedures, the patient will be unsure about their treatment and if they are willing to see

that particular student again.

Interpersonal factors are where we as student dentists have the most influence in our patient's satisfaction. We are often reminded to "never treat a stranger". A simple phone call before the first appointment is crucial in eliminating a patient's initial apprehension of stepping into the dental chair with an unfamiliar face. It is important for us to take just a few moments at the beginning each appointment to make sure the patient is at ease instead of immediately sticking a mirror and explorer in their mouth. Never underestimate the power of a smiling face, a listening ear, a little small talk, and especially a follow-up phone call after a more invasive procedure. Also, be sure to explain the "why"—not every patient has experienced a rubber dam before! According to Frieda Pickle, the SOD's manager of patient and community relations, patients are more likely to go through something unpleasant if they are with someone they like. For this reason it is important to establish a connection early on to improve the likelihood of completing a treatment plan.

Patients use nontechnical aspects of their visit to gauge their satisfaction. They do not know the technical differences in the crown they received by one dentist on #30 versus the dentist next door that crowned #19, but they do know how each dentist made them feel throughout their experience. In school when patients no-show, we may have lost out on getting 4 surfaces that day, but we can always find ways to efficiently use our time otherwise. However, in the real world this would mean missing out on 3 hours of expensive chair time and potential inability to cover overhead. It is essential to remember the habits we establish now in caring for our patients are what we will carry out into practice where patient satisfaction will have a more "real life" impact.

SOD TRIVIA

According to patient survey results, what do you think is the most common complaint the school receives?

- A. The instructor talks too much
- B. Parking
- C. Appointment length
- D. Banana flavored numbing gel

Answer: B. Parking



Wise MOM Project

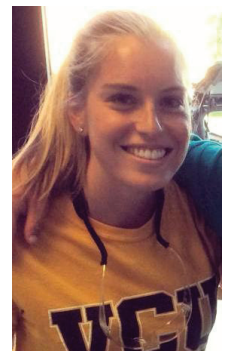
Alexa Gruber, D2016

Despite the intense rain and cold temperatures, thirty-six dental students from VCU, along with a handful of hygiene students, residents, pre-dental students and dentists came together and braved the elements for what turned out to be an amazing weekend of giving back through the profession of dentistry. This year marked the fifteenth annual Mission of Mercy in Wise County, Virginia, which in conjunction with the Remote Area Medical (RAM) expedition comprises the largest health fair in the United States. Missions of Mercy (MOM) was initiated in 1999 by Dr. Terry Dickinson, former head of the VDA, in attempts to provide free dentistry at weekend clinics to those without access to care. Last year, MOM treated its 50,000th patient at Wise, and thousands more have been treated since then at the various projects held throughout the year.



Mikhail Bondarew, Evan Garrison, and Brittany Field demonstrate one of the 10 greatest sources of infection

Patients drove hundreds of miles from 13 different states (including Georgia, South Dakota and Kansas), many sleeping in their cars at night so that they could be of the first in line the next morning. In one weekend, our team at the Wise MOM Project saw 1,299 patients, performed 4,050 extractions, 1,999 fillings, 180 cleanings, 52 root canals, and provided 76 patients with dentures, amounting to \$1.4 million dollars in free donated dental services.



I have been attending MOM Projects since I was a pre-dental student, and have been honored to earn the role of a student coordinator. MOM Projects are student organized and run, and our small group of coordinators has done an amazing job to make our projects so successful. Our team is comprised of eight dental students and two hygiene students, who work hard to organize each MOM Project throughout the year, Wise being our largest. Some of our roles include ordering supplies, organizing project set-up, transportation and housing, and creating a rotation schedule, fostering our volunteers to work together as a team. Coordinators are the core of what makes MOM function, and we are constantly developing our system to make every project run as seamlessly as possible.



It was volunteering at a RAM/MOM clinic in Grundy, VA that brought the connection between public health and dentistry to light and made me definitively want to pursue this career. I cannot think of a better way to make a tangible difference than to give someone a new smile or to relieve their pain. Many of our patients describe their hardships finding work due to the appearance their teeth, and are beyond grateful to receive a new smile. Others shed tears of joy after being relieved of a throbbing toothache, unable to receive treatment in any other way. When asked why she loved MOM, one patient responded, “I can finally sit down at the table for a steak and vegetables

with my new teeth after 1 ½ years. It helps a lot of the people that can’t afford to have their teeth fixed”.

I encourage everyone to get involved in our MOM projects, even if just once during your student career. Aside from gaining wonderful learning experiences in treating patients beyond the classroom (always under the supervision of VCU faculty and attending dentists), these weekend clinics ground us from our at-times stressful school requirements, and serve as a reminder of what lies at the heart of our mission as dentists and healthcare professionals.





Hillsborough Beach, July 2014

Kyle L. Coble, DDS, MPH

My first loggerhead turtle siting was just before midnight. It was a beautiful night for a walk on the beach. A half-moon cast a soft light across the sand, and there was a cooling breeze coming off of the ocean. I walked barefooted about 100 yards south of our friends' condo. I was alone on the beach. The lighthouse



at the point a mile away shot bright light into the night sky as its huge light revolved. The only sounds were the waves lapping along the shore and the buzzing of insects on the beach. I spotted a long shadow of sand in the moonlight, rising slightly from the edge of the water and going up perpendicular to the beach. I walked in that direction by bare feet sinking into the wet sand, the gentle waves splashing on my legs.

I slowly approached the trail in the sand. I recognized the tracks left by the turtle's flippers (turtles have "legs and flippers") as it pulled itself onto the beach. The pattern left in the sand looked like some kind of strange vehicle had come out of the sea. Her flippers had dug into the sand and she dragged her huge body upwards, leaving grooved marks in the sand and a smooth area in the middle where the bottom of her shell pressed. I was excited. I had not watched a sea turtle lay eggs since I was on the island of Koh Samui in Thailand, many years ago. That turtle came on shore in the late afternoon. Her eyes were wet with tears, and her shell was still shiny with sea water, making her brown and gold colors glisten in the sun. It was a beautiful experience, but marred because one of the local Thais scooped the sand away and took the

eggs as she laid them. In Florida, the turtles are protected from humans, but not from their worst enemy, raccoons.

On Hillsborough Beach, this turtle had stopped at a ridge along the shoreline where previous high tides or storms had left an embankment about 20 yards from the sea. She had paused on the slope and I watched, thinking that she would begin to dig there. Then she moved, pulling herself up to the top of that ridge of sand. She then turned and came back down the short slope, facing the ocean. I wanted to take a picture, but I had read that bright lights, cameras, or flashlights may scare them and they will leave without laying their eggs. So I watched, staying behind her so she wouldn't

see me. The process is slow, and I was aware of my impatience. I had to remember that I was an intruder, and this process has been going on for thousands of years. I was fortunate to be there to witness it, even at a turtle's pace! I stood and watched. I walked around her and watched, and listened. I sat down behind her and watched her dig. She began to flip the sand out from around her with her powerful front legs using those long flippers. Then she started digging with her rear flippers. There was no noise except the sea, the insects, and the sand being thrown out of the hole. This turtle had stopped just on the edge of another turtle nest that was marked with bright pink tape and stakes with numbers written on them, posted with a warning not to bother them.

I tried to judge her size. More than 2 feet wide, and 3 to 4 feet long counting shell and head. Loggerhead adults can weigh from 155 to 375 pounds. Ninety percent of all loggerhead nesting occurs on the Florida coasts. This vacation piqued my interest in these beautiful creatures! There is a wonderful nature center north of Hillsborough Beach called Gumbo Limbo (in Boca Raton). At the center they do sea turtle research and rehabilitation. I picked up more information on the turtles there and my wife and I toured the hammock and walked through several buildings containing tanks of sea life including turtles, fishes, and sea horses. The turtles lay from 100 to 126 eggs per nest, and the same turtle can lay 3 to 6 nests per season! That's a lot of eggs, but, unfortunately, not all of them survive. In the U.S., the loggerhead is listed as "Threatened". The nesting season lasts from March through October. Maybe next time I'll get to see some of the hatchlings headed towards the sea!

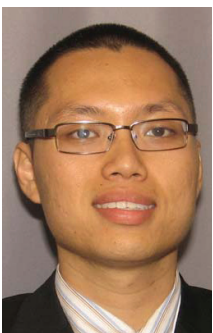




PDL: The Periodontics Discussion League

Do I smell bacon?

Minhkhoei Nguyen, D2016



On Thursday, July 24th, sixteen members of the Periodontal Discussion League (PDL) participated in the Pig Jaw Dissection Lab sponsored by the Department of Periodontics at VCU. Since the 1990s, the Pig Jaw Dissection Lab has been an annual event of the department, where the first year graduate residents get first-hand experience on basic surgical principles. This is also the first time many of them perform the most common periodontal surgeries, including distal wedge, crown lengthening, and connective tissue grafts. Other participants also included residents from VCU's own graduate endodontics program, as well as GPR residents from Hunter Holmes McGuire Veterans Affairs Medical Center in Richmond. For the past two years, Dr. Thomas Waldrop, program director and professor of Graduate Periodontics, has graciously offered PDL members the opportunity to have the same experience. This has become one of the club's most anticipated events, in its continuing effort to spark interest in periodontics among the VCU dental student body. Keep an eye out for our events in the upcoming semester!



DSD happy hour at On the Rox

Delta Sigma Delta

Esther Lin, D2016



Summer was hot, but the Delta Sigma Delta members kept it cool by kicking it off with fun filled social and service activities. Before the start of summer session, the members gathered to attend the Dominion River-Rock Festival on Brown's Island. We enjoyed tasting various dishes from local food-trucks, trying out slacklining, and watching bouldering and Ultimate Air Dogs competitions. In order to prepare the third-years for summer clinic, fourth-year DSD officers held an information session to share their experiences and gave valuable advice to help the D3s succeed.

In June, besides volunteering at the Charlottesville Free Clinic on Wednesday evenings, DSD members played a big part in the Special Olympics through the Special Smiles Project. This year, DSD

members worked alongside Mission of Mercy Project volunteers and a group of dental students from University of Pittsburgh. We screened, provided oral hygiene instructions, and fabricated mouth guards for over two hundred Special Olympic athletes. During our down time, we also cheered for the athletes at their races. It was heartwarming to see how thrilled the athletes and their families were to have the opportunity to receive care and support from the dental community.

DSD closed the summer session with a happy hour at On the Rox to celebrate the end of summer clinic and the exciting new semester to come. As we move forward into Fall 2014, we will continue our volunteering at Charlottesville Free Clinic every other Saturday, and we look forward to many upcoming events such as a Polo Match Potluck to welcome the Class of 2018. Please be on the lookout for more information on new membership and updates from DSD!



Jenn Oakley screens patients at Special Olympics, Special Smiles



Members head down to Brown's Island for Riverrock



The crew on the dock at Smith Mountain Lake.

Summer Time and the Psi O Livin's Easy

Elise Hartmann, D2015

The brothers of Psi Omega had an eventful summer. We kicked it off with a retreat weekend at Smith Mountain Lake, which was nothing less than epic. Activities ranged from barefooting off the side of the boat to lounging in hammocks and recliners and soaking up some rays. Locally, the Psi bro's gathered to share in some good old sporting competition fun playing kickball. They had a wicked winning streak in the beginning of the season and enjoyed the casual libations that went along with the smell of sweet victory.



Every season the frat organizes a float or two down the River that gives this city its character. All the different classes get to intermingle and relax and let their worries drift away. Gearing up for the new year, Psi O hosted the annual pong tournament to help the D1's get to know their classmates and the upperclassmen. Competition was fierce, but each team displayed stellar sportsmanship. Many teams dressed the part and really flaunted their team spirit. A special thanks goes out to Wyatt Loflin for being the hostess with the mostest.

We'd like to extend our warmest welcome to the D1 class and hope to get to know you all. We wish you good luck in your first semester and are counting down to the first post gross!



The Psi-O-nara Kickballers post-domination.



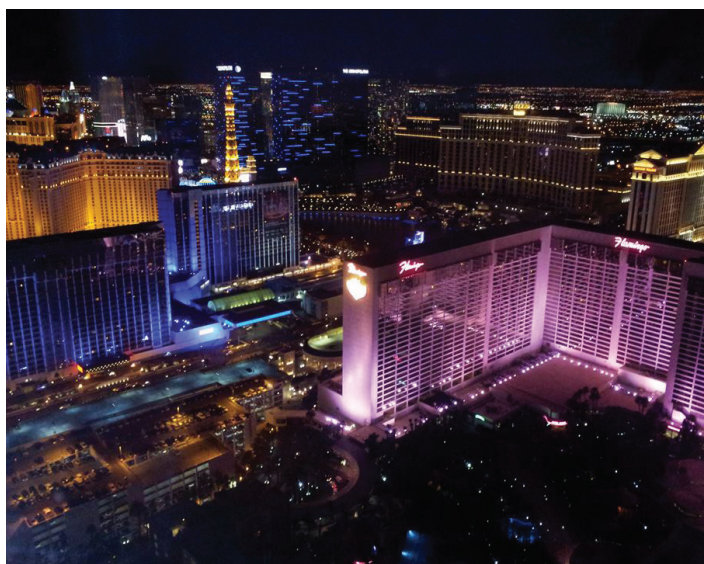
Some of Psi O's finest welcome the D1 class at the pong tournament.



ADHA Annual Session

Mariela Coronado, DH2015

Two groups from the senior dental hygiene class were selected to present at the 91st American Dental Hygienists' Association (ADHA) Annual Session in Las Vegas, Nevada. ADHA is the largest national organization representing the professional interests of more than 150,000 dental hygienists across the country. Jessica Stewart, Kathryn Knight, and Mallory Kibby presented topic was 'obsessive compulsive disorder and the oral cavity'. Pregnancy and oral health was discussed by Alice Surine and Mariela Coronado. The annual session included continuing education courses with nationally known speakers and an exhibition featuring over 100 companies displaying the latest oral health products and information in oral health care. Faculty and students from all over the country presented their research. This experience improved our knowledge of dental hygiene and dentistry and gave us a chance to network with other students and oral health professionals. We are very thankful for the opportunity and this experience of life time.



Kimchi Fried Rice

Sheila Daniels, D2015



As President of our fabulous multicultural club, SAME, I am penning this Korean recipe which my roommate taught me when we moved to Richmond. This is one of the simplest yet tastiest meals I have in my recipe box and I am excited to share it with you. Look out for emails announcing SAME meetings and happy cooking!



Kimchi Fried Rice

Serves 2

Ingredients:

2 cups short-grain rice
1 cup chopped onion
5 cloves garlic, chopped
1 cup kimchi, chopped
¼ cup soy sauce
salt, pepper, garlic powder, red pepper flakes, olive oil
2 eggs

Prep:

One day before you'd like to eat the meal, make 2 cups of short-grain rice. Put this in the fridge to dry it out (this is basically quick-staling the rice). Taking the time to do this step allows the rice to absorb the sauce and fry up better the next day.

Day of:

Fry the onion and garlic in about 1 Tsp of oil until the onions are translucent. Add the kimchi, including some of the preserving brine that comes in the jar. Fry this about 2-3 minutes. Season with salt, pepper, and garlic powder. Add 2 Tbs olive oil and then the rice. Fry until the rice becomes crisp – you can arrange the mixture in an even layer and press it with the back of a spatula to crisp the bottom (similar to

what you'd do if you were making hash browns). Add 2 Tbs soy sauce and ½ tsp red chili flakes. You might want to add a little more chopped kimchi for flavor at the end – and soy sauce depending on the need for saltiness.

To serve:

Take the fried rice off the heat and fry an egg sunny-side up by cracking it in a hot pan and putting a lid over it until the white is set up and the yolk is still runny

Serve over the fried rice, break into the yolk and allow it to spill over

Return to the pot and add about 1 Tbs butter – this will let the flavor linger on your tongue and make the soup nice and glossy. If the soup is too thick you can thin it with a little more stock.



1. Amy Reichart (D2016) jumps out of a plane for the first time
2. Scott (D2016) and Lindsey Gibson explore Poland
3. Jacob Akers (D2016) climbs Mount Olomana on Oahu Island in Hawaii
4. Zohra Saleh, Andrea Rodriguez, Deepak Wararh, Tresa Philips, and Suman Sethi (D2015) all run the Color Me Rad 5k

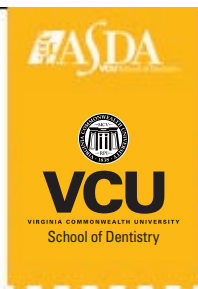




The Secret Lives of Faculty

Students aren't the only ones that like to have a little fun when faculty members are away. Check out what some of the GP faculty did to Dr. Imbery while he was on vacation!





Virginia Commonwealth University

American Student Dental Association



VCU

VIRGINIA COMMONWEALTH UNIVERSITY

School of Dentistry

the
probe

Please submit story ideas, questions, comments or concerns to Anna Pitz at pitzae@vcu.edu
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