

# the probe

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SCHOOL OF DENTISTRY NEWSLETTER

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## Inside this issue

<b>Dean's Message</b> David C. Sarrett, DMD, MS	<b>2</b>
<b>National Dental Student Lobby Day</b> Kandice Klepper, D2015 and Jeena Devasia, D2015	<b>3</b>
<b>Mediterranean Quinoa and Feta Salad: Good for You and Your Teeth</b> Sheila Daniels, 2015	<b>4</b>
<b>First Annual ADPAC Red, White and Brew</b> Kandice Klepper, D2015	<b>5</b>
<b>Dental Students Reveal Unique Character</b> Dr. Jim Schroeder	<b>5</b>
<b>D2 Community Outreach Missions</b> Houman Chegini, 2014	<b>6</b>
<b>Injections: A Rite of Passage or a Violation of Patient Rights?</b> Tarah Coleman and Justin Mallette	<b>7</b>
<b>My Path to Dental School</b> John Aiken, 2014	<b>7</b>
<b>The Race Against Dental Decay: The Second Annual Miles for Smiles 5K</b> Ashley Abesamis, 2013	<b>8</b>
<b>Mid-Level Provider or Mid-Level Divider</b> Ethan Puryear, 2014	<b>9</b>
<b>VCU Sends Students to Tampa for Annual AADR Meeting</b> Cheyanne Warren, D2013	<b>12</b>
<b>Psi O Keeps the Bromance Alive</b> Brianna McGuinness, 2013	<b>13</b>
<b>The Boards Process Decoded</b> Philip Worthington, 2012	<b>14</b>
<b>Pre-Dental Day Explores Careers in Dentistry, Application Process</b> Meredith Cash, 2013	<b>15</b>
<b>The Importance of Student Involvement in Organized Dentistry</b> By Jeremy Jordan, 2015	<b>16</b>
<b>VCU SNDA: A Year to Remember</b> Tiara Harrison, 2014	<b>17</b>
<b>Decoding the Residency Application Process</b> Rachel Barone, 2012	<b>18</b>

## LETTER FROM THE EDITOR

# Welcome!

Welcome to the final issue of *The Probe* for the 2011-2012 academic year! It's amazing to think of how quickly this year has gone; I'm sure many of you still have very vivid memories of starting school this past June or August. And while many are grateful to have those memories, we are also thankful to have another school year under our belt. I wanted to take this opportunity to thank everyone who has contributed, either by writing a story or submitting pictures or events, for making *The Probe* a publication that is truly representative of student life at the VCU School of Dentistry. It has been a pleasure working on the past three issues, and your contributions have been essential to the success of *The Probe*. I also wanted to wish all of the graduating dentistry and dental hygiene students the best of luck in all your future professional endeavors. I am thankful for getting to know you over the last several years, and cannot wait to see where our professional and personal lives take us from here. Congratulations, Class of 2012!



~ Rachel Barone, D2012



# VCU School of Dentistry Strategic Planning – Time for an Update



David C. Sarrett,  
DMD, MS, Dean

The current strategic plan for the School of Dentistry was created in 2008. Strategic plans need to change and should be living documents. You can find a short primer on strategic planning and the processes on Wikipedia if you would like to learn more. ([http://en.wikipedia.org/wiki/Strategic\\_planning](http://en.wikipedia.org/wiki/Strategic_planning)). The overall goal for strategic planning is to determine the direction of an organization and making decisions on allocating resources to achieve its stated goals. Understanding the climate the organization resides in is a critical part of this planning process.

The good news is that the School of Dentistry has recreated its strategic plan several times over the past twenty years. The most recent plan contains important components of a plan such as the Higher Purpose, Mission, and Core Values so we have great places to start from as we embark on updating the plan. ([http://www.dentistry.vcu.edu/policies/strategic\\_plan.pdf](http://www.dentistry.vcu.edu/policies/strategic_plan.pdf))

There have been significant events that have taken place since the completion of the most current plan such as:

- Dr. Michael Rao was appointed VCU President
- Major state funding reductions to VCU
- Dr. David Sarrett was appointed Dean
- VCU has completed a new strategic plan called *Quest for Distinction*
- VCU made a Final Four appearance in 2011 with national exposure
- Diversity is not just a nice thing to have but is needed to be successful
- The national and world economies have suffered
- Dentists are reporting declining patient volume
- New dental schools have opened and there are more on the drawing board
- The US has passed health care reform legislation
- Mobile smart-device use has exploded

I am sure more items can be, and should be, added to this list. That should be part of the work of a strategic planning process to inform us of the environment in which we find ourselves and to try to peek around the corner and into the future.

The current School of Dentistry strategic plan has three themes:

1. Strengthen the school's patient care programs by assuring patients receive excellent and compassionate dental care and students obtain high quality educational experiences.
2. Bolster the school's research enterprise by creating a new research program in bioengineering, expanding research capacity in the Philips Institute, and reestablishing research in periodontal diseases.
3. Enhance the curriculum of the DDS and dental hygiene programs by fostering active and self-directed learning, critical thinking, and self-assessment.

Within each theme there is list of items that provide more detail of goals or expected outcomes. What is missing from this plan is an assessment plan and outcome measures. These are important features we should be including.

The VCU *Quest for Distinction* also contains a Mission and Vision statements and Core Values (<http://www.future.vcu.edu/>). The *Quest* has four themes:

1. Become a leader among national research universities in providing all students with high quality learning/living experiences focused on inquiry, discovery and innovation in a global environment.
2. Attain preeminence as an urban, public research university by making contributions in research, scholarship, creative expression, and clinical practice to advance knowledge and enhance the quality of life.
3. Achieve national recognition as a fully-integrated research university with a commitment to human health.
4. Become a national model for community engagement and regional impact.

The *Quest* represents a recalibration of the VCU2020 Strategic Plan and the addition of benchmarking of VCU to other institutions and metrics to guide assessment of progress.

Student input will be an important element in the strategic planning process and formal sessions will be held to gather opinions and information. In the meantime, I invite you to look at the current School of Dentistry strategic plan and the VCU *Quest for Distinction* and if you have thoughts or ideas, please let me know.



# National Dental Student Lobby Day 2012

Kandice Klepper, D2015 and Jeena Devasia, D2015



Alex Barton (D2013), Jeremy Jordan (D2015), Sukhpreet Kaur (D2015), Jeena Devasia (D2015) and Kandice Klepper (D2015) represented VCU School of Dentistry at this year's ASDA National Dental Student Lobby Day in Washington, DC in April. With nearly 345 dental students in attendance, students stormed the Capitol to lobby for two bills of great significance to both students and the future of the dental profession. VCU students had the opportunity to visit the offices of two senators and six representatives from Virginia to solicit their support for these bills.

The first bill, House Resolution (HR) 1666: Breaking Barriers to Oral Health Act of 2011 addresses the issue of access to care. The bill's provisions include

expansion of community charitable care programs, such as the Missions of Mercy projects, as well as public/private partnerships. HR 1666 was sponsored by Congressman Mike Simpson of Idaho who began his career as a General Dentist and since entering politics has been a strong advocate for organized dentistry. The bill has been introduced into the House of Representatives and currently has been referred to committee for review. Currently, Congressman Connolly of the 11th district of Virginia is a co-sponsor, along with 23 other members of Congress.

The second bill, HR 4170: Student Loan Forgiveness Act of 2012 addresses the issue of the graduate school student loan debt, which averages about \$180,000. This bill proposes 3 provisions: to establish a 3.4% interest rate cap on newly acquired federal direct student loans, to forgive up to \$45,000 of outstanding student loans for students

who make payments of at least 10% of their discretionary income for 10 years, and to forgive loans for students who agree to work in underserved areas in 5 years instead of the already established 10 years. HR 4170 has been introduced into the House and was also referred to committee for review. 13 Congressmen are currently co-sponsoring this legislature.

VCU dental students, along with students from 58 other dentals schools lobbied to increase the sponsorship of both bills on Tuesday, April 17th, 2012. In addition to lobbying for these two important bills, students had the opportunity learn more about the political process and the importance of involvement in organized dentistry through various breakout sessions. A few of these speakers included, Ms. Jennifer Fisher, congressional lobbyist for the ADA, who spoke about the fundamentals of law making as well as the committee system within the House and Senate. Mr. Michael A. Graham, Senior Vice President

of Government and Public Affairs for the ADA, also discussed his experiences on Capitol Hill and emphasized the importance of leadership roles and being an active member in dentistry. Finally, Congressmen Paul A. Gosar, DDS of Arizona, gave a memorable keynote address highlighting his experience as a practicing General Dentist for over twenty five years and how it impacted his decision to pursue a career in politics. Congressmen Gosar took an active role in organized dentistry and worked specifically on health care reform through his position as president of the Arizona Dental Association and Vice-Chair of the ADA's Council on Government Affairs. As one of only two dentists serving in Congress, he empowered and encouraged students to stay involved in advocating for the rights of dentists and the future of the dental profession.

**TOP:** On the steps of the Capitol during ASDA National Dental Student Lobby Day April 16 and 17 in Washington, DC

**BOTTOM:** D1s Sukhpreet Kaur, Jeena Devasia, Kandice Klepper, Jeremy Jordan and D3 Alex Barton represent VCU at ASDA National Dental Student Lobby Day.



For more information about these legislative items please visit: [www.govtrack.us/congress/bills/112/hr1666](http://www.govtrack.us/congress/bills/112/hr1666) and [www.govtrack.us/congress/bills/112/hr4170](http://www.govtrack.us/congress/bills/112/hr4170)

# Mediterranean Quinoa and Feta Salad: Good for You and Your Teeth

By Sheila Daniels, 2015

As dentists, we find ourselves talking a lot about what not to eat. But what should we recommend our patients do make a part of their diet? After looking at the literature, it seems that dairy is the answer.

Why? Some have found that the protein and fat in dairy products can neutralize the acid in fermentable carbs. As we know, bacteria feed off these fermentable carbohydrates and this can lead to caries development. Other studies speculate that the minerals in dairy help with remineralization of enamel and prevent erosion. A study by the American Academy of Periodontology tracked periodontal patients who routinely consumed dairy products. They found significantly improved depth of pockets and decreased attachment loss in these patients versus ones who did not consume dairy.

In honor of these newfound conclusions, here is a recipe that showcases one of my favorite cheeses: feta.



## Mediterranean Quinoa and Feta Salad

Makes 4-6 servings

This is a tried and true recipe. I first discovered quinoa back in 2009 while babysitting my cousins. My aunt had recently decided to go completely organic and told me that this grain actually has more protein than any other grain - or even beans, which totally shocked me. You can find it at Trader Joe's or even Costco and you cook it almost the same as you would couscous. Another plus about this recipe: it's perfect for vegetarians! I think more and more people are cutting meat out of their diet, so experimenting with ways to get the same nutrients is important.

### What You Need:

- 1 avocado, cut into medium chunks
- 1/2 of an English Cucumber, diced; scoop out the seeds and peel the skin if it's too tough
- 1/2 pint cherry tomatoes, halved
- 6 oz feta cheese, cut into medium-small dices
- juice of 1/2 a lemon
- 1 cup chopped curly parsley, stems removed, rinsed well
- 2 cloves garlic, chopped
- pepper, salt
- 3 Tbs olive oil
- 2 cups cooked quinoa (so 1 cup dry - it basically doubles in size)

### What You Do:

Cook the quinoa by adding the grains to a pot and adding twice as much liquid, such as vegetable broth or water. Bring to a boil, cover, turn down the heat to a simmer, and let steam for about 15 minutes or until all the water has been absorbed. Fluff it with a

fork. It should still have a little crunch to it.

Make the dressing by mixing the olive oil, lemon, and garlic in a small bowl.

Put all your chopped vegetables in a big bowl and toss with the dressing, then add the quinoa and toss again, careful not to break up the avocado. Season with salt and pepper and check to see if you need more acid or olive oil.

You can eat this immediately, let it sit in the fridge for a couple hours, or save for leftovers - you might need to add more dressing the next day because it'll absorb overnight, most likely.

Some variations, if you so desired, would be to use chicken stock instead of vegetable (just be sure to look for the "low sodium" kind). You can really adjust any of the amounts as needed - the salad is pretty chunky which is how I like it, but you can easily stretch your dollars by adding more quinoa. Also, play around with different greens: Italian flat leaf parsley, mint, or basil would be nice instead of the curly parsley. I like adding fresh herbs because they give a pop of flavor and color: just make sure to floss after...

# First Annual ADPAC Red, White and Brew

Kandice Klepper, D2015

In January, the Legislative Committee and the American Dental Political Action Committee (ADPAC) hosted the first annual Red, White and Brew wine and beer tasting with special guest Antonio Elias, legislative assistant to Delegate Betsy Carr. The event was a great success and provided students with a unique experience to learn more about ADPAC, the importance of organized dentistry, and political involvement during ASDA's advocacy week. With an assortment of appetizers and refreshments, students enjoyed an open forum centered on advocacy. Mr. Elias discussed the fundamentals of the legislative process and emphasized the value of being an active member in the community.

Mr. Elias works closely with Delegate Betsy Carr who serves as a member of the Virginia House of Delegates in the 69<sup>th</sup> district representing a large portion of the Fan and Oregon Hill areas. Delegate Carr is a member of the transportation, finance and general law committees. It was a great opportunity to learn about current hot topics in legislature that pertain to Delegate Carr's committees such as uranium mining and the proposed high speed railway system. Mr. Elias was also eager to

learn more about dentistry as a whole, our educational process, and issues impacting our profession. It is essential for the future of our profession to not only stay informed about dental related legislature but also to educate our congressional representatives about issues impacting dentistry; this is the foundation of ADPAC.

The ADPAC organization supports the future of organized dentistry by promoting the election of congressional candidates informed about dental related issues who aim to improve the nation's oral health. In recent years the ADA and ADPAC's efforts included, but were not limited to, improving oral health prevention programs, rebuilding the dental public health infrastructure, initiating incentive programs to break barriers to oral health, and addressing the cost of dental education with proposed loan repayment programs.



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For more information about current bills and resolutions at the state level visit: <http://lis.virginia.gov>, national level visit: <http://capwiz.com/dental/home/>

## Dental Students Reveal Unique Character

Dr. Jim Schroeder, adjunct faculty

Walking into a lecture room with over 120 students on their lunch hour to learn about an opportunity to participate in community service was an awesome experience for me. Thank you for your interest, enthusiasm and desire to serve. About thirty years ago a few young professionals had an idea to provide health care for people living in poverty. Today, thousands of patients are seen at the three Crossover Healthcare facilities. Hundreds of volunteers have captured the hearts of the Richmond communities of faith, business organizations and a wide diversified network all connected to the common mission of helping those in need.

As I looked at the audience of students last week I sensed an amazing determination and compassion to make a difference in the lives of people they touch. Each of you will experience a tremendous professional life and fulfillment if you weave your professional development with a strong foundation to serve others in a meaningful manner. Years of school often focus the attention on ourselves developing the mindset It's all about me. Professional development is stunted without the realization that it is about being a servant not being served. There is great promise for our profession when I see what all of you are bringing to the table. Last Thursday you already had a fund raiser for Crossover at The Tobacco Company. In the near future we will provide information on serving at Crossover. Please stop and visit our facility on 108 Cowardin. Our web site is [www.crossover.org](http://www.crossover.org). Please visit the website and learn more about our clinics.

I will close with a reminder that as you pursue your goals and learning, continue to grow aspects of your character. "Most people do not fail from a lack of knowledge but from a lack of character." Keep growing in both your professional and character development. You have a bright future ahead of you!





**TOP:** D2 student volunteers during their Community Outreach program.

**BOTTOM:** Dental Hygiene student Simran Kaur poses with the puppet used to teach oral hygiene to patients on a break during the Community Outreach project.

# D2 Community Outreach Missions

By Houman Chegini, 2014

It often feels that as a D2, we are flooded with a sea of exams and practicals. It sure has been tough to get through some nights, but as the days go by and we get closer to the end, the result of our hard work is becoming clearer. As second year students, we serve right in between the stage of getting our toes wet in the clinic, while slowly saying goodbye to our stations at Woolwine. Being on that curve towards the D3 year, we are also very limited on what we are able to perform for others outside of the school's patient pool. However, listening to Dr. Burns lecture about lack of dental and oral cancer screenings, we decided to reach out and perform those services for some communities in Richmond. We put the load of knowledge taught to us in Oral Pathology to a practical use by going out and physically looking for these lesions.



Being able to see real-life views of denture stomatitis versus just a picture from many years before we were born is very helpful in understanding and remembering

its qualities. In addition we have been performing courtesy dental examinations. It is not a complete examination in any way, as we work without explorers or x-rays. It is more for people to tell us about their dental needs and problems and then directing them towards a solution. It may not seem very practical, but many people we examine have come to us concerned about a certain lesion and due to lack of resources, they have delayed getting a professional consultation.

One of our other goals while putting these projects together has been to advertise and inform others about the student clinics at our school. Many people are not aware of the dental school's presence in Richmond and we try to tell them more about the services rendered at the school. We have been active since last semester providing these services and we have continued to perform them this year for immigrant communities and also at the Richmond Health Fair. Many that we screen in these outreach projects are in need of either biopsies or emergency extractions. Thanks to the oral surgery department, we have been able to provide biopsies and extractions free of charge for them at the school. In addition, we have

worked with the hygiene and D1 class to both interact with them and get some extra help with providing oral hygiene and dietary education to the patients.

We try to do our best and give back to others with what we have been able to perform. It may not be much at all, but we certainly do hope that we have affected the lives of at least a few individuals with our outreach programs. With the junior year only a few weeks away, we hope to be able to continue our projects and also expand our services.



# Injections: A Rite of Passage or a Violation of Patient Rights?

By Tarah Coleman and Justin Mallette

For dental students at VCU giving each other injections is a rite of passage. D1's each year look forward to their spring semester when they first go into the clinic and give each other injections. While getting an injection is not the most pleasant experience, it is exciting to have a hands on clinic session for the first time. Many proudly post their injection pictures on Facebook so that family and friends can see them actually looking like a "dentist". However, students at various schools around the nation are beginning to look at this experience differently.

At this years ASDA annual session in Minneapolis, MN several dental students sponsored a number of resolutions that would cause ASDA to not support student-to-student injections if approved. The main concern of these resolutions were that local anesthesia injections carry some risks, and a large number of resulting complications have been reported when students administered anesthesia on each other for teaching purposes, including syncope, trismus, persistent paresthesia, hematoma, and facial nerve paralysis.<sup>1</sup> The students who proposed these resolutions also stated that dental students receiving treatment are patients, and are entitled to the same privileges which are offered to other patients under the ADA code of Ethics and ASDA Ethics Code.

Based on this code "the patient has a right to informed refusal which should be honored by the student."

These resolutions went before reference committee and it was recommended that all but one of these resolutions be voted against. It was determined that more research is required on this subject before a decision can be made by the House of Delegates. Nevertheless, the committee did recommend that the delegates vote to approve a resolution requiring a written consent form from each student prior to an injection; the resolution passed unanimously. The resolution will now be assigned to the Council on Education, and they are responsible for working with ASDA chapters throughout the country to implement consent at their schools.

It will be interesting to see how this matter develops in the coming years! Please let The Probe know what your opinion is on this issue...



## My Path to Dental School

By John Aiken, 2014

Everybody has their story about how they got to dental school. My story is not a linear journey to arrive here. I started my life as a little girl living in East Los Angeles. Well, that's not entirely true. In fact, most of that is a blatant lie. I was not born a girl. The closest I have come was *in utero* before my testes determining factor gene was turned on. But the same could be said of most males in the world. I wasn't born in East L.A. either. I was born in just over the river from Vermont in New Hampshire. I don't remember it, but I must have driven myself home from the hospital because my mother was in no condition to drive after the delivery. The doctor had never seen a vestigial tail *and* horns on a baby.

I grew up in the most normal way: I slept, I drank, and I ate. My body metabolized the needed raw materials for growth, extracted the nutrients, exorcised the wastes, and my sphincters eventually found their purpose. My third grade class was thankful. I excelled in school by finding an ingenious way to cheat on tests. I would write all the answers on my skin in flesh tones. During exams, I'd hold my breath, turn purple, and be able to read all the flesh-colored answers on my arms and legs. Because of me, the school instigated a policy of having doctor

on standby for test day faintings. When I was finally exiled from my hometown and went to college, there was a huge going away party. At least that's what my parents said in the letter.

I had the goal of being a white coat wearing medical doctor when I went to college. By my calculations, more than half my school was also pre-med. "I'm John and I'm premed," was a great pickup line at parties (especially if the girls were slow). By the time we got to senior year, the pre-med subset had dropped to about ten percent. Plus the pickup line had been falling flat. As a senior, I shifted my career towards being a science teacher. As a science teacher, I could still wear a white coat and have people call me, "Sir". Then again, a cleaver-wielding butcher would get the same treatment. (As a rule of etiquette, it is customary to call any man carrying a knife, "Sir".)

I taught in classrooms in Vermont, Guinea, Seoul, and Georgia (the state). Each place had students who I loved, some who I loathed (I'll admit it), and many who I've forgotten. After trying out the teaching game for 11 years, I finally realized that it was not for me. Plus Wikipedia was catching on and I would soon become irrelevant. I needed

to become indispensable.

I looked carefully at all my career options and decided to play towards my interests. I like sharp objects, power tools, and hovering over strangers' heads. My options were vaudeville juggler, construction worker, or dentist. I nixed juggler because I didn't like the idea of throwing around chainsaws. It might have something to do with my mental image of my uncle, Kyle "Stumpy" Smith. I decided against construction worker because I can't pull off the plumber butt look with my darn vestigial tail. My fallback was dentistry.

Now that I am here, doing the dentist thing, I love it. I love it for all the reasons most dentists love it. We get to ask questions to people who have a mouthful of fingers. We get to increase anxiety and blood pressure by having people recline into a comfortable position. We make people bleed and they pay us for it. We are living the dream. And on a personal note, nobody asks about my tail if I am wearing a white coat.



# The Race Against Dental Decay: The Second Annual Miles for Smiles 5K

Ashley Abesamis, 2013



The sun was still asleep and the ground was damp from last night's rainfall. A silver Volvo's headlights were the only source of light as the VCU dental students hurriedly organized supplies to help with race-day set-up on this early September morning in Bryan Park, Richmond, VA. There's a lot of work that goes into planning a successful road race. In less than three hours, the loud air horn blew and over 200 pairs of feet hit the ground running. The second annual Miles for Smiles 5k had begun!

Miles for Smiles 5K is an annual non-profit road race which donates all proceeds to the Missions of Mercy (MOM) Project. The MOM project was first established in 2000 by Dr. Carol Brooks at the VCU School of Dentistry in conjunction with the Virginia Dental Association and Virginia Health Care Foundation. The MOM project is now led by Dr. Terry Dickinson and Dr. Cassidy Turner, with the help of VCU dental students. Through the volunteer efforts of dentists, dental hygienists, dental assistants, and students from the dental, dental hygiene, nursing, pharmacy, and medical schools, the MOM project has aimed to provide essential dental care and health screenings for underserved populations around the state of Virginia. Virginia's MOM projects have broken records for the largest dental outreach events in the United States. Other states have used Virginia's MOM project as inspiration, including Texas, Colorado, South Carolina, Maryland, and North Carolina.

This year, Miles for Smiles 5k was grateful to have Delta Dental of Virginia continue to be our primary sponsor, and we would also like to thank Johnson & Johnson, MCV SGA (Student Government Association), Procter & Gamble, Patterson Dental, Suntrust, Davis Dental Group, Dabney Orthodontics, Dr. Allen J. Davia, DDS, and Drs. Brenda J. Young & Marjun Ayati, DDS.

The Miles for Smiles 5k was a race for all levels – from competitive runners to participants that wanted a fun option for exercising with their friends, children, or even pets. Automatic timing chips were provided to all participants. The first place male runner, Cabell Rosanelli, briskly crossed the finish line at 15:21 and the first place female runner, Rena Chesser, finished in 17:04. Post-race bagels, peanut butter, fruit, and Gatorade were donated by Martin's and Whole Foods, and water was donated by Diamond Springs. The awards ceremony recognized the top three male and female (overall) finishers with free shoes from Carytown RoadRunner (1st place), Mizuno backpacks and giftcards (2nd place), and Mizuno backpacks (3rd place). The top three finishers in each age group received gold/silver/bronze medals and \$10 Dave and Buster's gift cards. Raffle prizes were provided by Bikram Yoga of Richmond, Baker's Crust, Bev's Homemade Ice Cream in Carytown, Carytown Sushi, California Pizza Kitchen, Jason's Deli, and Trader Joe's. Every participant received a Zimmer Tee hybrid technical t-shirt and a swag bag complete with a toothbrush, toothpaste, and dental coupons. No one left empty handed!

Overall, the second annual Miles for Smiles 5k was an incredibly successful event. Miles for Smiles 5k had over 200 participants and was able to raise \$11,410.43 for the MOM Project in the race against dental decay! The third annual Miles for Smiles 5k will be held on Saturday, September 15, 2012. The dental students are already working hard to put on a great race so keep a lookout for upcoming fundraising events and online registration opening soon at <http://www.givenow.vcu.edu/milesforsmiles5k>. We can't wait to see everyone again this fall!



The runners race past the start line in order to get a good lead!



Participants brought their dogs along for the race! It was a fun day for pets and owners alike.



Maintaining the same steady pace are D3 Taylor Blake and her boyfriend.



Race director, Lindsey North (D3), and Justin Hughes (D3) stop to take a picture with Molar Mike.



Dr. Koertge (Department of Periodontics faculty) finishes strong!

# Mid-Level Provider or Mid-Level **Div**ider?

By Ethan Puryear, 2014

The 2012 ASDA Annual Session was held in Minneapolis, Minnesota, home of Target, frigid winters and the only dental therapist program in the continental United States. It was clear from the start of annual session that dental therapists are just as controversial in Minnesota as in other parts of the country. During the opening ceremonies, University of Minnesota School of Dentistry Interim Dean Dr. Judith Bucannon praised Minnesota for taking the bold steps to introduce these dental team members and touted the impact they would have on access to care. Dr. Buchannon was immediately followed by Dr. Michael Zakula, President of the Minnesota Dental Association. Dr. Zakula spoke out against dental therapists, questioning the ethics of lesser trained providers and their impact on the profession. Finally, Dr. Robert Faiella, President Elect of the American Dental Association reiterated during his speech that the ADA does not support the use of dental therapists. A heated debate appeared inevitable.



However, the topic of midlevel providers was largely avoided the rest of the weekend. One exception was Dr. Amid Ismail's presentation on Community Dental Health Coordinators (CDHC). Dr. Ismail is the Dean of Temple University, Kornberg School of Dentistry and is piloting a new model that targets oral health inequalities. He explained that creating a cheaper version of a dentist through dental therapist programs would not necessarily lead to improved oral health as it does not address the underlying causes of disease. The goal of CDHCs is to provide education, preventative care and dental care guidance to portions of the population where oral health disparities are commonly seen, including early childhood caries and oral cancer.

CDHC's are trained to provide oral health education, preventative services such as fluoride varnish, basic screening for dental emergencies and triage of patients who need dental care. This can be carried out in schools, head start programs, neighborhoods, emergency rooms and nursing homes allowing them to reach portions of the population who currently don't seek regular dental care. CDHCs could be trained cheaper and quicker than dental therapists and could include existing members of the dental team such as dental assistants.

Currently, there are three pilot sites for CDHCs: a rural site in Oklahoma, an American Indian site in Arizona and an urban site in Philadelphia. Unlike dental therapy programs, these CDHC pilot sites are supported by the ADA both financially and politically. The ADA funded pilot program ends in 2012 and a third party evaluation is being conducted. The ADA hopes that in the future other states will adopt the CDHC model and funding

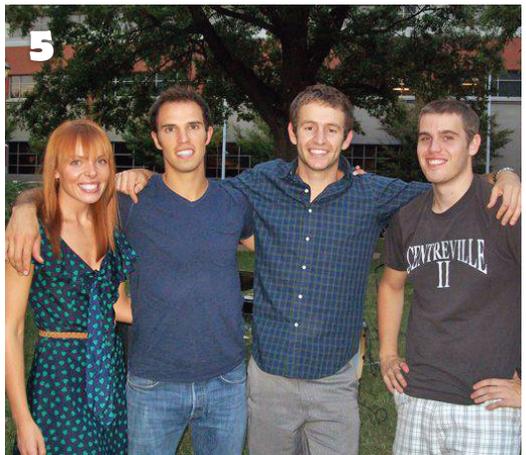
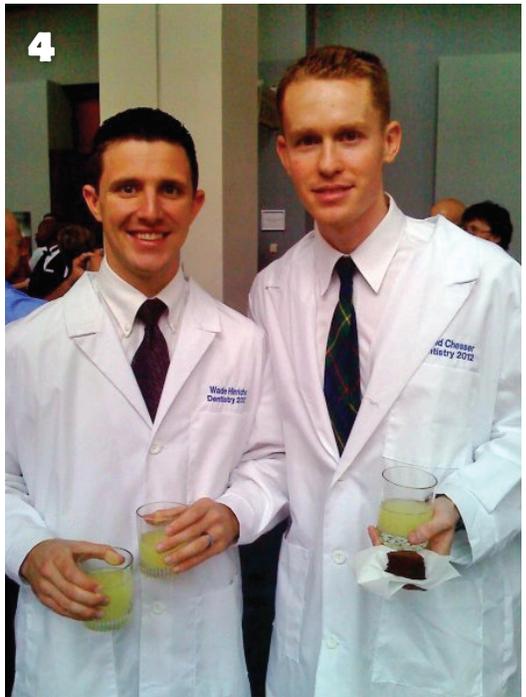
would be provided by local businesses, charitable sectors and governments. Closer to home, Child Health Investment Partnership (CHIP) of Roanoke Valley implemented a similar program in 2008. CHIP employs a pediatric nurse practitioner who visits the homes of CHIP-enrolled children and provides oral health education, anticipatory guidance and fluoride varnish. These children have the opportunity to receive dental exams by VCU pediatric dental residents semi-annually. Research on the effectiveness of the program is currently being conducted here at VCU.

Although dental therapists are popular politically, the dental profession is divided at best. Dr. Ismail stressed the importance of framing the debate around improving oral health and not just creating a cheaper version of a dentist. CDHCs target the underlying causes of dental disease, can be trained and implemented at a lower cost than dental therapists and can reach segments of the population that typically don't visit the dentist. It is up to us as dental professionals to educate both politicians and the general public about this option for increasing access to care.

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For more information on CDHCs visit  
<http://www.ada.org/cdhc.aspx#pilotv>.

CONGRATULATIONS  
**VCU**  
 DENTISTRY  
**2012**



**1** Dental Hygiene Volunteering at Salvation Army  
**2** Dental Hygiene White Coat Ceremony 2011  
**3** Dental Hygiene Alumni Dinner 2011

**4** Wade Hinrichs and David Chesser enjoy the White Coat Ceremony, 2009.  
**5** Amanda Meade, Casey Keating, JonMark Thompson and Rob Hilton pose after playing the ASDA Back to School Barbeque, 2011.



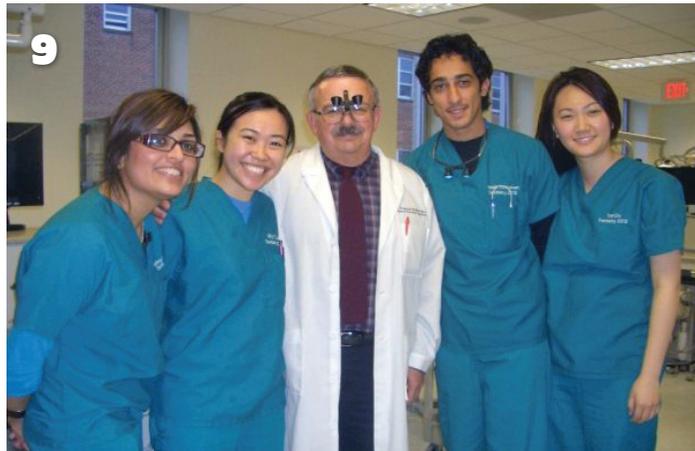
**6** The D2012 men's softball team after winning the intramural championship in 2010.



**7** Bobby LeNoir, Linda Dinh and Jeppy Moss pose during a break in classes.



**8** Crystal Hayes, Ginly Lau, Chris Thurston and Zain Hyder take a bike ride around Martinsville while on rotation.



**9** Fatima Mashkoor, Ginly Lau, Saleh Ashkanani and Tran Du posing with the man who taught us everything we know, Dr. Robertello.



**10** Students celebrating the end of D1 year at the D2012 cookout.



**11** Rachel Barone, Disa Raulfs, Jo Koontz and Emily Keeton take a break during the Grundy MOM Project, 2010.



**12** Ladies of D2012 celebrating at Anisha's baby shower.

# VCU Sends Students to Tampa for Annual AADR Meeting

By Cheyanne Warren, D2013



This year's 41st American Academy of Dental Research (AADR) meeting in Tampa marked the 30th Anniversary of AADR and National Student Research Group (NSRG). VCU had four talented and capable students representing it and presenting their research at the national forum. Along with myself, D3s Lindsey North, Bobby Amos and D4 Steve Clawson presented posters about re-

search projects they have been working on during the last academic year. North, Amos and Clawson came across like rock stars at their presentations this year in Tampa, networking with other researchers, exchanging business cards, posing for photos and experiencing first hand how many people truly care about their efforts.

For the past two years, I have been serving as Councilor for NSRG. Along with other responsibilities that come with the position, I spent four hours one morning judging student research that had been previously selected to compete for the Dentsply Award. It was quite an honor to be from VCU and to critique student research from some of the top research-oriented dental schools in the country.

Last year at VCU we had fourteen students participate in research after being awarded an A.D. Williams Scholarship, yet only three students presented at AADR. Short of funding, I do not understand why students would work so hard on a project to not take the time out to travel to a fun place and present their work—the annual AADR meeting is the culmination of all the hard work the student researcher has put into their project over the last year. I know a common misconception among students about research



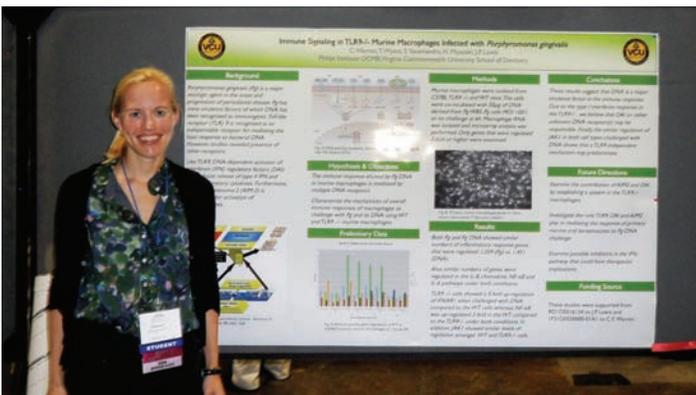
D4 Steve Clawson and D3s Bobby Amos and Lindsey North take a break from the AADR convention.



The AADR group enjoying the beaches of Florida.

here at VCU is that it is something you may not have time for; this is not the case. Each project is unique and you can invest as much or as little into it as you want. Additionally, it can be a rewarding and deeply educational experience.

Our dental school has an excellent reputation for producing fine clinicians but what happens to our profession if we aren't based on sound science? Is OptiBond Solo Plus the best bonding agent for composite resins? Why do we use Chlorahexidine? Can we use EDTA in place of our phosphoric acid etch? Each week we dive into an article in Literature Review and many of you ask why? As future dental professionals we need to train ourselves to read and comprehend the scientific literature so that we understand the statistical and clinically significant valid evidence. It is incredibly important that dentistry as a profession provide scientifically minded health care. This includes the well thought-out and careful integration of the best and most appropriate available scientific evidence in the management of individual patients. It also means using effective research findings in designing and implementing a treatment plan for dental patients. So what about the idea that the research should be left to the "researchers" and dentistry to the "clinicians". I would argue that as clinicians we are the closest observers to the needs and challenges of our patients, therefore, we have the ability to generate the most pertinent and relevant research questions. Of course there are only so many hours in the day so I encourage you to collaborate as much as possible in order to address the needs of your patients!



D3 Cheyanne Warren posing with her poster during the AADR meeting in Tampa, Florida.



# Psi O Keeps the Bromance Alive

By Brianne McGuinness, 2013

Yet again the brethren of Psi Omega have been hard at work in the clinic, community, and most importantly, the party scene. The fine members ended 2011 with the tackiest of Tacky Sweater Christmas Parties. Some donned onesies, some adorned vintage velvet floor length dresses from Fantastic, and the luckiest wore original tacky sweaters from their own mothers' closets. The lucky party goers even got to experience first hand the very special hidden talent Sister Sumner learned she possessed during Pedo rotation.



During the new year, the bros continued their hard work by helping with blood drives held at the Larrick Student Center and volunteering their time to perform free dental screenings for CARITAS. There also will be many exciting events to come this spring. The annual Fan Masters Bar Golf tournament will be held after the VCU Alumni Golf tournament. Psi O members will surely be the only ones who could handle that much fun and pastel colors in a day.

The bros will then trade in their polos and madris the next weekend for jorts and mullets and have the best NASCAR tailgate in the Richmond area, as is with tradition. Finally, Psi Omega will sadly have to say goodbye to some of its most beloved members, the Class of 2012. Although it is incredibly scary some of these individuals will be without supervision, we wish them the best of luck and will miss them dearly. We would like to thank all the seniors for their hard work during these four years, especially the officers and Mr. President himself, Fratricks Lawrence.



**TOP:** D4 Psi O members, from left, Nick Maddux, Thomas Glazier, Brian Herod, Jeppy Moss, and Patrick Lawrence, celebrate during the fall initiation ceremony.

**BOTTOM:** D3 Bri McGuinness and D4 Patrick Lawrence show off their tacky sweater garb during the Tacky Christmas Sweater party.

# The Boards Process Decoded

By Philip Worthington, 2012

Just when you think the rigors of dental school have subsided and a bright future awaits you, one final obstacle emerges. Even with graduation in sight and nearly every requirement completed one daunting challenge still separates the prospective dental graduate from the reality of practice. That final hurdle is the licensure board examination, a series of mannequin and patient-based procedures designed to assess a candidate's suitability to practice dentistry. While anxiety-inducing and fraught with clerical minutia, VCU students enjoy a very high passage rate on these licensure examinations thanks to the efforts of some dedicated members of the faculty.



Most graduating VCU dental students elect to take the licensure exam administered

by the Southern Regional Testing Agency, or SRTA. Thirty states including Virginia currently accept the SRTA under their licensing guidelines, and the fact that VCU serves as a host site for the exam makes SRTA an attractive alternative for students. VCU has also traditionally hosted the Western Regional, or WREB, board exam as an alternative for students choosing to practice in the Western United States. The SRTA, WREB and other licensure board exams are similar in that they combine mannequin-based endodontic and fixed prosthodontics procedures with a live patient operative dentistry component. Candidates are responsible for finding their own qualifying operative patients, adding another layer of complexity to the examination process.

Prior to 2006 the overall failure rate on licensure board exams for graduating VCU dental students hovered around 25%. Sensing that the school could do better, Dr. Paul Wiley volunteered to serve as the representative between VCU and the various licensure testing agencies. Dr. Wiley attended the SRTA annual meeting in

St. Augustine, Florida that year and was surprised by what he learned. "Most of the other SRTA states had members of their Boards of Dentistry on the various exam committees, but Virginia did not," Wiley explained. "The SRTA exam was asking us to do things that we did not teach, and there was no way for us as the school to advance our agenda to change the process."

Wiley returned from the Florida meeting with new ideas about how to boost student performance on the licensure board exams. The first order of business was to revamp the mock board process at the school. Although VCU had been administering an operative exam meant to provide board preparation for a number of years, Wiley learned that other schools created a practice format that more closely mirrored the actual licensure exam procedures. "A big part of the [licensure exams] is the paperwork and the nuances of the procedures," Wiley explained. "There is a science and a process that our students weren't getting."

Wiley set about approaching different faculty members to organize the various components of the mock board exam. Dr. Michael Dishman, who had already been administering the operative mock board, agreed to continue in that role with modifications to his testing format. "The changes that I made primarily consisted of trying to create an exercise that more closely resembled the actual SRTA and WREB examination for the patient portion," said Dishman. "I realized that I could not use live patients as there were simply not enough of those to go around, so I decided to introduce the patient selection and presentation process into the exam." Dishman also recognized that some student failures resulted from the intricacies of the exam day process and sought to simulate the testing environment in the mock board. "We formalized the process by having an orientation meeting, having the candidates mimic the patient presentation process with their paperwork and radiographs, examiners checking in patients, Floor Coordinators monitoring post check-in issues, candidates having to deal with patient

rejections, candidates having to prepare and restore the teeth they presented, floor runners transporting patients to a separate grade site and real time grading," Dishman said.

To oversee the other portions of the exam preparation, Wiley approached Dr. Karan Replegle from the endodontics department, Dr. James Coffey from the prosthodontics department and Dr. John Gunsolley from the periodontics department. Each eagerly agreed to help despite the fact that their roles would be strictly voluntary and would add to their existing responsibilities in their respective faculty positions. Each went about their duties earnestly with the intention of helping students succeed on the exam. Dr. Coffey worked with the SRTA examiners to refine the crown preparation criteria, bringing the guidelines in line with principles taught at the school. Dr. Gunsolley successfully lobbied SRTA to discontinue the clinical periodontics portion of the exam, which has since been replaced in the SRTA and WREB exams by a computerized module which tests candidates' proficiency in diagnosing and treating periodontal disease. Finally, Dr. Richard Archer, who took over the responsibility for the endodontic portion of the exam from Dr. Replegle in 2011, designed a study to determine whether specially-designed plastic teeth would be an acceptable alternative to natural teeth in testing the clinical endodontic portions of the exam. SRTA accepted the study, allowing candidates to access and locate the canals in an artificial molar. This new measure not only alleviated the stress associated with locating an acceptable molar tooth for the exam, but also reduced the variability in outcomes posed by unusual tooth morphology.

Another important development that came out of Wiley's participation in the 2006 SRTA annual meeting was the implementation of a new testing format that would separate the mannequin and live patient portions of the exam. Under the new PIE I/PIE II format the endodontic and prosthodontics portions of the exam could

be separated from the operative portion of the exam by a period of a few months. Wiley encouraged the school to offer the test in this format, citing several obvious benefits. "I think it's a great format because it allows students to approach the test in bite-size pieces rather than all at once," Wiley explained. "If a student fails the first portion, they can come back and retake that when the operative portion is offered during PIE II a couple months later."

These new initiatives bore immediate fruit in the 2007 exam cycle. After a series of previous classes produced a passage rate that topped out around 75%, the Class of 2007 passed both the SRTA PIE I and PIE II components at a 97.6% clip, with a full 100% of students passing on their second attempt. This mark vaulted VCU into the top spot amongst dental institutions administering the SRTA exam. VCU students fared nearly as well on the WREB exam that year, posted a 97.1% overall passing rate to eclipse the national average by 15 percentage points. The results in subsequent years have remained consistently

strong, with VCU posting passage rates at or near the top of participating SRTA and WREB institutions. The recently completed SRTA PIE component continued on that trend, as 95.4% of the VCU Class of 2012 passed the endodontic portion, and 98.8% passed the fixed prosthodontics portion.

Students credit the work of the faculty in helping them prepare for the exam. "I definitely felt like the mock board process prepared me well to take board exam – in some ways the actual exam felt easier than the mock," said fourth year student Andrew Hutchison of the SRTA mock board. Dishman finds such feedback gratifying and hopes to continue to improve the mock board process. "I have always enjoyed working with students and helping them any way I can," said Dishman. "I appreciate the feedback about how it could be better and I am taking that feedback to heart."

As a part of his ongoing role as representative to the various board testing agencies, Wiley continues to attend SRTA annual meetings to advance

the interests of VCU and its students. SRTA has accepted Wiley's input in a few instances, including agreeing to incorporate slot preparations as a viable restorative option in order to promote conservative tooth reduction. Wiley's next order of business is to lobby the board examiners to eliminate the live patient exam altogether. "Dentistry is the only profession to still require the live patient exam, and there is no literature to support the notion that this format catches candidates that are not competent," said Wiley. According to Wiley, eliminating the live patient exam would be a more ethical approach that would reduce testing variability. He may undertake a study in the coming years that would seek to prove the efficacy of an alternative testing model. Regardless of how the licensure exams change in years to come, VCU students can be confident that they will be prepared to meet the demands of exam thanks to the efforts of the committed members of their faculty.

## Pre-Dental Day Explores Careers in Dentistry, Application Process

By Meredith Cash, 2013

On Friday, March 30th VCU's ASDA Chapter held its recently reinstated Pre-Dental Day event at the School of Dentistry. Over 80 pre-dental students from 12 schools around the state came to learn more about applying to dental school, and what VCU has to offer.

The event was hosted by ASDA, and organized by VCU ASDA's Pre-dental Committee Chair Jamie Yuan, D3, Vice President Alex Barton, D3, and a number of gracious student volunteers (including, but not limited to the members of this year's

Pre-Dental Committee). The event allowed pre-dental students some insight into dental school applications, interviews, and even hands-on dentistry! The students were divided up into two tracks based on school

year. The college freshman and sophomores (Track 1) were led by their group leaders through a Q & A panel that covered everything from suggested courses to DAT prep, a trip to Woolwine Lab to try hands-on wax carving, and a tour of the school including clinics and labs. The juniors, seniors and post-graduate students (Track 2) took a tour of the school, tried their hands at DentSim, and participated in Mock Interviews held by D2, D3, and D4 volunteers. The day was capped off by a question and answer session with Dean of Admissions, Dr. Michael Healy, and closing remarks from Dr. David Sarrett. As afternoon refreshments were served, raffle prizes were awarded to a few lucky students. Oral-B and Sonicare toothbrushes, Crest Whitestrips, and even a free Kaplan DAT prep course (\$1,500 value!) were all handed out. Top prizes were only eligible to pre-dental students who had also joined ASDA as a pre-dental student—about 55 of the 80 pre-dentals in attendance.



Andrea Onderdonk, D2013, helps a pre-dental student with DentSim.



Dr. Michael Healy, Dean of Admissions, addresses pre-dental students on the application process.



The students left the school that day with a much better understanding of the application and interview process, as well a taste of what dental school has in store. With the resounding success of this year's event, this revamped event will sure to be one to stay!

For more detailed information on the event, visit the VCU ASDA website at [www.vcuASDA.com/pre-dental](http://www.vcuASDA.com/pre-dental) and our events blog at [www.vcuasda.com/events](http://www.vcuasda.com/events)



# The Importance of Student Involvement in Organized Dentistry

By Jeremy Jordan, 2015

As the largest dental student organization, the American Student Dental Association exists to protect and express the voice of dental students across the nation. Actively participating in ASDA ensures that our ideas, interests, and beliefs on issues facing dentistry are acknowledged. In many cases, ASDA provides students with the opportunity to get involved with organized dentistry at the state and national levels. Student representation in state dental associations, the American Dental Association, the American Dental Education Association, and National Dental Student

Lobby Day ensure that dental students have a voice and that we can make an impact on our education and our future careers. After attending this year's Annual Session in Minneapolis, Minnesota, I recognize the diligence of ASDA members, their passion for issues facing dentistry, and the difference that active student participation can make. Each year at Annual Session students from



each dental school in the nation gather to discuss hot topics, to decide ASDA's stance on issues, and to learn from one another.

With nearly seventy percent membership in the American Dental Association, dentists have a strong record of advocating for both the profession and for their rights. As students, recognizing the advancements of the ADA and its importance to dentistry is easily done; however, it is crucial for each of us to understand that involvement and active participation in organized den-

**TOP:** VCU representatives (from left, D2 Justin Mallette, D2 Tarah Coleman, D2 Ethan Puryear, D3 Alex Barton, D3 Stephanie Vlahos, D1 Jeremy Jordan, D1 Reem Al-Hussain, and D1 Kandice Klepper) were awarded the Pre-Dental Incentive Award for their efforts at pre-dental involvement at VCU during the first annual Gold Crown Awards ceremony

**BOTTOM:** VCU representatives enjoying the food and festivities during the opening ceremonies of the ASDA Annual Session in Minneapolis, MN.

tistry is not limited to those already practicing. Through ASDA, we have the opportunity to voice concerns, take a stance, and to advocate for important issues. As students, we are the next generation of dentists—this realization leaves us with the responsibility of forging ahead and working to meet the impeccable standard set by current ADA leaders. Without experience and involvement in organized dentistry as students, we risk becoming less effective in leading and advocating for our profession than our current leaders.

If, however, current student involvement in ASDA and organized dentistry is any indication of what is to come, I have absolutely no doubt of a bright future for our profession. Much like the ADA, ASDA is at the forefront of organized dentistry. As ASDA members, we have the chance to be part of the largest dental student organization and to begin our participation in organized dentistry. Involvement in organized dentistry gives students a voice—we have the opportunity to make an impact and it is our responsibility to take action.



VCU and ECU students enjoying the President's Dinner Dance.

## VCU SNDA: A Year to Remember

By Tiara Harrison, 2014

This has been an amazing academic school year for the Student National Dental Association (SNDA). Our success as a group has truly been measured by our willingness and ability to work together to impact our community. One of our most memorable events was our service project to aid the Central Virginia Food Bank in dispensing food and supplies to those in need around the holidays. SNDA members immensely enjoyed the opportunity to work together to provide a meaningful service to the community. The foundation for this year was built by continuing with our old traditions, while adding some new.

February was a very busy month for our organization. SNDA's annual Impressions Program was held on February 4, 2012. The goal of this program was to provide undergraduate students with pertinent information about the admissions process, financial aid, DAT prep, dental specialties, and student life. The program could not have been successful without the support and participation of VCU faculty, staff, and local dentist

around the Richmond area. SNDA would like to thank all of those who supported and attended the program.

Our most recent project on February 17, 2012, was held in honor of Children's Dental Health. Our Lessons in a Lunch Box Program at Chimbarazo Elementary School brought joy to the faces of some amazing children. This program reinforced the importance of oral hygiene and dietary habits to elementary school students ranging from kindergarten to 3rd grade. Our dental hygiene members did a remarkable job at engaging the children with an amazing presentation on oral hygiene instruction. Our group was well received, and we plan to continue to be involved with projects involving children in the Richmond area.

SNDA plans to move into the next academic year with the same creativity and enthusiasm with the hope to make even more of a difference in our community!



**TOP:** Dr. Gottlieb helps a participant in SNDA's annual Impressions Program with DentSim.

**LEFT:** SNDA volunteers helping at the Central Virginia Food Bank.

**RIGHT:** Children at Chimbarazo Elementary School, where SNDA gave a "Lessons in a Lunch Box" lecture regarding dental health and oral hygiene.



# Decoding the Residency Application Process

By Rachel Barone, 2012



Applying for residencies—whether they are general practice or specialty residencies—can feel like a maze, and navigating all of the different programs, determining their merits, and figuring out what you want out of a program can be overwhelming. While I am by no means an expert on the topic, I can offer some basic guidelines on the application process

based on my own experience.

The first step in the application process is deciding what it is you want out of a residency program. Are there any specific procedures that you are interested in learning more about, or any skills you'd like to develop? Residencies offer a wide variety of educational experiences, and finding the residencies that best align with your future career goals is the first step in finding a program that will be right for you. There are several resources available to research the various residency programs. One good resource is the *ASDA Guide to Post-Doctoral Residency Programs*.

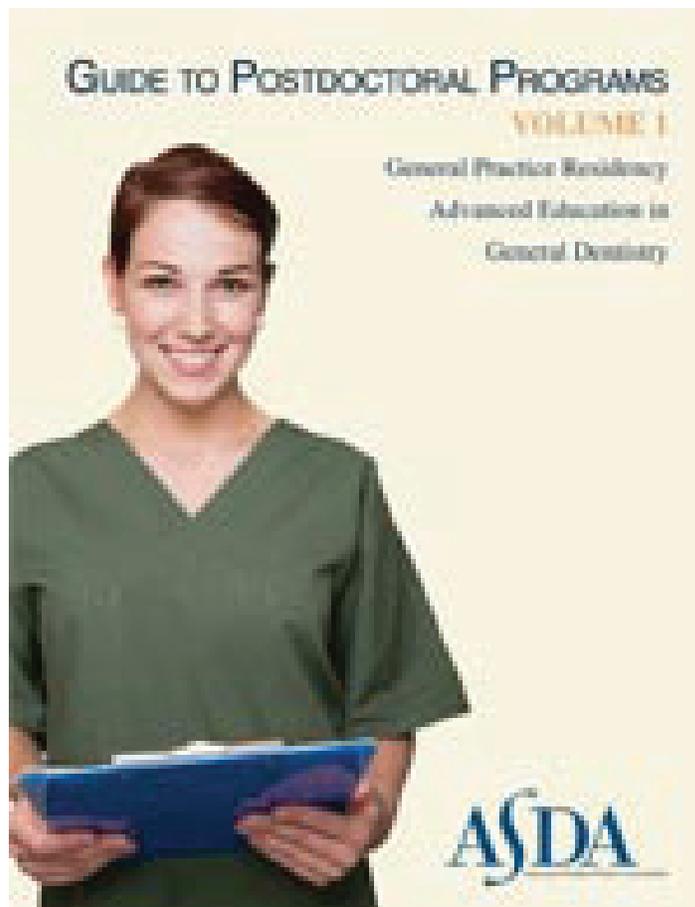
It comes in two volumes, one for AEGD/GPR programs, and one for specialty residency programs. It has good guidelines and statistics about the majority of residency programs, but I will caution you that all residency programs are not listed in this book. To get a complete list, you should visit the ADEA Post-doctoral Application Support Service (PASS) website ([http://www.adea.org/dental\\_education\\_pathways/pass/Pages/default.aspx](http://www.adea.org/dental_education_pathways/pass/Pages/default.aspx)) and look at the PASS Program Search Engine. This has a comprehensive list of all residency programs in the country that participate in PASS, and you cannot apply to those programs without applying through PASS.

Once you've created a list of the programs to which you are interested in applying, you may want to think about visit-

ing your favorite programs. While this is not imperative, and often not financially possible, it does help your application in a few ways. First, it enables you to meet the director and residents, and see if the program is a good fit for you. Many times programs will only highlight their best attributes, and you will not get the full picture without visiting the program in person. Additionally, it gives you an opportunity to meet the director of the program and the residents, and put a face to an applicant's name—it demonstrates to the director how serious you are about the program. Again, I recognize that with certain financial or time limitations it may not be possible to visit all the programs in which you are interested, and not visiting does not preclude you from not getting accepted, but it can be beneficial if the opportunity exists.

The last step is the application itself. As a component of the computerized portion of the PASS application, a CV and personal statement are needed. Dr. Healy generally sends out examples of both CVs and personal statements from past graduates to use as examples, so take advantage of that resource. The PASS application for the 2012 cycle opens in May 2012, and programs

have varying deadlines for receipt of your application. While it is unlike the dental school application process, in that the earlier you turn in your application the better chances you have of getting an interview, I would encourage having the application in earlier rather than later to ensure all components have been turned in well before the deadline. You will need PPIs/letters of recommendation, including a dean's letter (written by Dr. Healy), and each program will have a minimum number of PPIs/letters required. Additionally, some programs will request board scores, or official undergraduate or dental school transcripts to be submitted along with the PASS application. Be sure to determine which programs need which additional items and order them accordingly—NDBE scores can take up to 4 weeks to be received, so plan ahead!



After the PASS application is submitted, you get to sit back and wait for the interview invitations to come in—which is often harder than completing the application itself. Organization and patience are key to getting through the process.

Hope this has been a helpful guideline for residency applications. While it is certainly not exhaustive, it may provide a good framework for you to utilize in the application process. Good luck!

**OPPOSITE:** ASDA Guide to Residencies. The ASDA Guide to Residencies, which provides valuable information about some of the residency programs available.

**BELOW:** PASS Website. The ADEA PASS website portal, which has a comprehensive list of all residency programs that participate in the PASS application process.

The screenshot shows the ADEA PASS website interface. At the top, there is a navigation bar with links for Home, Sign In, Contact Us, FAQ, and Site Map. The main header features the ADEA logo and the text 'AMERICAN DENTAL EDUCATION ASSOCIATION'. Below the header is a secondary navigation bar with links for About ADEA, Events, Dental Education Pathways, Policy and Advocacy, Professional Development, Publications, and Member Center. The main content area is titled 'ADEA Postdoctoral Application Support Service (PASS)' and includes the following text:

**You are here:** [ADEA Internet](#) » [Dental Education Pathways](#) » [Postdoctoral Application Support Service \(PASS\)](#)

## ADEA Postdoctoral Application Support Service (PASS)

**2012 ADEA PASS Application Cycle**  
May 18, 2011 - February 15, 2012

Please be advised that the 2012 ADEA PASS application cycle is coming to an end. The deadline for applicants to submit materials to ADEA PASS is February 15, 2012. Watch our website for upcoming information regarding the 2013 ADEA PASS application cycle that will open in May 2012.

Welcome to the ADEA Postdoctoral Application Support Service (ADEA PASS). This service is available to all individuals applying to postdoctoral dental education programs participating in the application service. ADEA PASS simplifies the application process by providing one standardized format, relieving applicants of the need to complete multiple applications. Dental programs benefit by receiving uniform information on all applicants.

[PASS Program Search Engine](#) \*Available 24/7

[2012 ADEA PASS Application](#) \*Available

Your designated program may require a [criminal background check](#) \*New for the 2012 cycle

[ETS PPI® for ADEA PASS](#)

[National Matching Service](#)

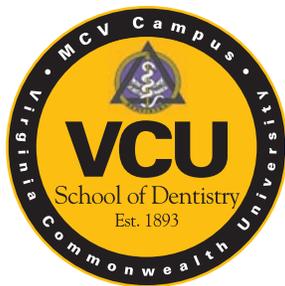
**Contact Us**  
ADEA PASS Customer Service Representatives are available:  
Monday through Friday, 9:00 a.m. to 5:00 p.m. Eastern Time, **except federal holidays.**  
Email: [passinfo@passweb.org](mailto:passinfo@passweb.org)  
Phone: 617-612-2065

On the right side of the page, there is a 'Site Search' box, a 'Member Login/Journal Access' section with fields for 'User Name' and 'Password', and a 'Log In' button. Below the login section is a 'Forgot Password' link. Further down, there is a large image of a dental procedure, followed by a section titled 'ADEA PASS' with the ADEA logo and 'PASS' text. Below that is a 'Share This Page' section with a 'ShareThis' button, and a 'Related Links' section with links for 'International Applicants', 'ADEA PASS Information for International Applicants', and 'Foreign Transcript Evaluation Services'.

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probe

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Please submit story ideas, questions, comments or concerns to Rachel Barone at [baronert@mymail.vcu.edu](mailto:baronert@mymail.vcu.edu)  
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