

the probe

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Letter From The Editor

Kime Whitman D2010



Welcome to the first Probe of the 2009-2010 school year. In this issue, we have the highlights of some events that took place this summer and a preview of fall events for the remainder of this semester. If there is anything that you would like to include or feel needs to be changed for the next issue, please do not hesitate to let me know. A big thank you to everyone who contributed and I extend my apologies for harassing people up and down the hallways about the ins and outs of dental school. Enjoy!



The Cosmetic Dental Club tearing it up with some SWEET curves and cusps on the beach.



"We had tons of people come by and take pictures and ask where we were practicing because they wanted their teeth to look like our sand castle teeth!!!"

You know you attend the VCU School of Dentistry when...

{ *The 25 most common answers* }

- | | | |
|--|---|---|
| <p>1 You remember patients by their dentition and not their face</p> | <p>9 Free toothbrushes and toothpastes excite you</p> | <p>18 Everybody and their mother starts asking you to whiten their teeth</p> |
| <p>2 Your bridge or distal hasn't been delivered after a year</p> | <p>10 You have back problems that weren't there before</p> | <p>19 You recommend implants to even your male patients</p> |
| <p>3 You have to redo something because another professor told you something else</p> | <p>11 You compare shades of white</p> | <p>20 You usually count to 31 starting with 2 and skipping 16 and 17</p> |
| <p>4 Your perfect set of teeth don't seem so perfect anymore</p> | <p>12 You've dreamed about teeth</p> | <p>21 You only know other people's names because it's written on their shirts</p> |
| <p>5 You hear pulp and the first thing that comes to mind isn't orange juice</p> | <p>13 You carry around a guilt trip for not brushing your teeth last night</p> | <p>22 You spend 2 out of 3 hours collecting signatures</p> |
| <p>6 Anything greater than 2 mm is just borderline scary</p> | <p>14 You tell your friend they have some spinach stuck between 7 and 8</p> | <p>23 You secretly wanted to buy the misspelled Nalgene bottles</p> |
| <p>7 You never really have to do laundry because you wear the same colour scrubs for four years</p> | <p>15 Your wax up you spent hours on seems to have greater value than gold</p> | <p>24 You like giving your opinion on which toothpaste you recommend, just to be one of the 4 out of 5</p> |
| <p>8 You've thought about inflicting bodily harm with a dental instrument</p> | <p>16 You've second guessed yourself on choosing dentistry at some point</p> | <p>25 You have to give directions to the information desk while standing in front of the lobby sign that says "patients, check in on 2nd floor".</p> |

Organized Dentistry

by Richard Carlile D2011



The National Health Care debate has been raging for quite some time now, and the full impact such legislation will have on dentistry has not yet been determined. How can we ensure that such legislation will not have a negative impact on our profession? Organized Dentistry!

Recently a few of us from the VCU School of Dentistry had the honor of meeting Dr. Findley, President of the American Dental Association (ADA), and Dr. Tankersley, President-elect of the ADA. They both allowed the VCU students to interview them. We asked them three questions: 1. Why should I be involved in organized dentistry? 2. Why should I donate to the

American Dental Political Action Committee (ADPAC)? 3. I should be a member of the American Student Dental Association (ASDA) because...

One common theme that I noticed in their responses was being able to have a "voice" in what happens in dentistry. We as students have the opportunity to be involved and have a say in what will happen in our future. This year I'd encourage you to participate in the VDA Day on the Hill in January. February 8th and 9th, 2010, is National Student Lobby Day in Washington, DC. This is an opportunity to visit congressman and senators and talk to them about issues that are important to us as

dental students. Finally, be a member of ADPAC. It is only \$5 and it goes to

an organization that is looking out for our needs as future dentists.

Organized dentistry is so important. "Change" seems to be the new buzz word. Let's be a part of "change" and become actively involved in organized dentistry and protect the profession that we love.

**To view the interviews with Dr. Findley and Dr. Tankersley become a member of the ASDA District 4 Group Page on Facebook.*

A Preview of the Jamaica Project

Every year since 1986, senior dental students have looked forward to their chance to be part of the Jamaica Project.

This year, our students along with the help of the Jamaican Ministry of Health, and about ten faculty members will continue to provide preventative, restorative, and surgical services to the Trelawny parish.



**Ashley Lamay
D2010**

With the recent economical turn of events, fundraising for this project was even more challenging than it has been in the past. Thanks to the generous support of our donors, the Jamaica Project will continue another year. The people of the Trelawny parish will continue to have access to care, and VCU dental students will continue to partake in one of the most rewarding experiences of their career. This year the project will take place during the last week of October through the second week of November. Look forward to the next issue to hear all about this experience!



Psi Omega

by John Howard D2010

Psi Omega hosted a barbeque this past summer to raise money for the Jamaica project. Those in attendance enjoyed libations, hot dogs, and burgers while enjoying a number of lawn games such as corn hole, bumper pool, and Beirut. Approximately 300 dollars were raised for the service trip.

We welcomed the dental class of 2013 with the annual post-gross party. The party featured the scintillating beats of the one and only DJ-Glaze. Hopefully the event provided an escape for the freshman from the rigorous demands of gross anatomy.

The members of Psi Omega are looking forward to an exciting fall semester filled with events such as initiation, the mustache drive for the Salvation Army, and the tacky sweater Christmas party.





SNDA Oral Cancer Walk

Ruth Molokwu D2012

The Student National Dental Association (SNDA) is the student chapter of the National Dental Association (NDA). The purpose of the NDA and SNDA is to encourage minority dental students in their endeavors towards a dental career. Today the organization has grown to include over 1,100 dental students around the country. The mission remains the same, to promote minority enrollment, to deliver improved healthcare to the underserved, to help sustain mentally healthy environments for dental students, and to educate students of their social, moral, and ethical obligations.

SNDA recognizes the need for awareness of good oral healthcare in the community. Through mentorship programs and other volunteer services, VCU's SNDA chapter

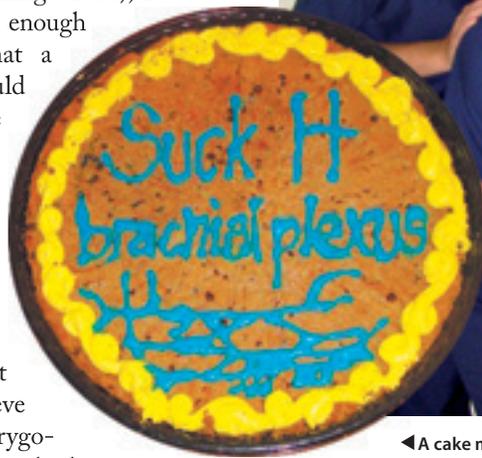
serves the mission of the national association. One of the events we held to promote oral health care was our first Oral Cancer Walk. The Oral Cancer Walk was held on the 19th of September 2009 and began at 8 A.M. There were about 40 participants at the event which included VCU dental and dental hygiene students, pre-dental students, community dentists, friends and family. The route for the walk was from the Abner Clay Park to the Dental school and back to the park. We are grateful for the outpouring of support from students, staff, and dental companies. Thanks to everyone's support, SNDA was able to raise \$1500.00 towards Oral Cancer research, which will be presented to the VCU Phillips Institute of Oral and Craniofacial Molecular Biology.

SNDA National conferences are held annually to advance and refine the collective efforts of the organization. This year, our VCU chapter was able to send some delegates to the National conference which was held in Jacksonville, Florida, and it turned out to be a really exciting and educational experience. Our SNDA leaders will also be able to attend the 4th Annual National Leadership Conference in Atlanta from the 15th to 17th of January 2010. Our upcoming events for the year include a High school initiative program in November to pique students' interest in Dentistry and our annual Impressions program in February 2010. Our Chapter officers are: Amber Weems (President), Edward T. Jordan (Vice President), Asha Wilson (Treasurer), Ruth Molokwu (Secretary) and Faculty Advisor Dr. Carolyn Booker.

The D1 Life: Post-Gross

Alex “Blanche” Barton
D2013

Now that we have Gross Anatomy under our belts (and our matching scrubs), I suppose we are real enough dental students that a formal “hello” should be extended to the faculty, D2, D3, and D4 classes on behalf of the D1s. You have probably seen us running around uttering curses under our breath about some make-believe room called the pterygo-palatine fossa, but with that behind us, I’m hoping that our D1 craziness will simmer down for the time being. Though the past six weeks were undoubtedly stressful, and contained some of the longest days of our lives, I feel that we couldn’t have gotten through it all without the upperclassmen and faculty reminding us, about a hundred times a day, that we would actually survive the first class and not fail out of life. So I feel that we owe you



◀ A cake made for the first post-gross party. Apparently, the brachial plexus was not all that popular.



all a thank you for remaining calm when so many of us didn’t, putting our lives in a reality check when needed, and most importantly, planning the post-gross parties, without which, a few of us wouldn’t have survived the weeks.

Though our plans for the near future do not revolve around any more cadavers, they

do include carving some crazy tooth with three crooked roots, probably spending Friday afternoons with Dr. Nance remediating that tooth, and hopefully having a little free time to feel like we are real people for a few weeks. I promise that we aren’t all as insane as we may seem, unless you see us out in the real world, in which case I make no promises, so come say “hi” if you see us!

Do you know your dental instruments?

During the summer while VCU dental students were on break I had an opportunity to learn dental instruments and materials. Having eleven years experience in a hospital setting in Gainesville, FL, this was a smooth transition. The most difficult part was learning the “dental language”. Learning the language and dental materials has better prepared me to help the students and faculty in the clinic. From amalgam/composite kits to endo kits and Z250 to fluoride varnish it has been a great learning experience at the VCU School of Dentistry. – Gary Daniels, Dispensing Staff, Douglas Clinic





Mom Project: A Mutual Benefit

Heather Brooks D2012

Photos courtesy of Jay Maturano

This July marked the 10th Anniversary of the Mission of Mercy (MOM) projects that give free dental care to underserved areas throughout Virginia. According to the Virginia Dental Health Foundation, over 33,000 people have been cared for and rendered services total \$16.5 million dollars of donated money in this time. Since the beginning of the Mom Project, 15 states have developed programs/projects modeled after Virginia's MOM project. Each year, RAM (Remote Area Medical) puts on a large health fair where thousands of patients are seen for medical, dental, optometry, and auditory needs in Wise, Virginia. This year, volunteers did 1,545 exams, 1,348 x-rays, 4,893 extractions, 2,113 restorations, 295 prophies, 295 fluoride treatments, and 60 root canals in 3 days. Thanks to the many dentists, hygienists, students, assistants, and other dental professionals that helped in this project, a new record number of patients was seen.

Many patients that attend these big projects have difficulty accessing care, or even paying for dental services needed. Lack of access and financial means for patients often causes their diagnosis to be more severe.

Many patients who attend the MOM project have large and numerous caries, while treatment of others involves full mouth extractions. One man who attended this year walked two hours to reach the fairgrounds because he did not own a car. He then had to get in line to be seen, and after finally finishing the screening process, was informed that he would have to return the following day to be treated. Often, patients camp in the parking lot, sleep in their vehicles, and others walk long distances to have the opportunity to get free care, free x-rays, and free pharmaceuticals.

The Mom Projects are also an incredible opportunity for students, both currently in dental school and interested in attending in the future, to learn and gain experience. Pre-dents and students entering into their first year of dental school learn to assist, sterilize instruments, and manage bio-hazardous waste. Second Year Dental Students gain experience by assisting in both general practice and specialties (endo and oral surgery), giving local anesthesia, and taking x-rays. Third and fourth year students treat patients in both general practice and oral surgery, and gain experience

by assisting great oral surgeons like Dr. Laskin who pulls teeth as easily as picking berries.

Although there are many incredible experiences to gain on the project, there are many other tasks that are not nearly as fun, or memorable. Dr. Carol Brooks, the MOM Project director, often tells students attending these projects in the pre-patient care "pow-wow" that every job is important, with particular emphasis on jobs that may be considered grunt work (cleaning up spit buckets, taking out trash, sterilizing instruments). These volunteer rotations are also valuable in learning and practicing asepsis. Aside from patient care, one of the most valuable experiences I personally have had at MOM Projects is learning how to sterilize instruments, a process that is often not taught in dental training. Yet, it is incredibly important to protect ourselves and our patients. There is, and probably will always be need for "pro-bono" dental care, especially in these difficult economic times. Volunteering for the MOM Project is a great way for you to help people in your state and gain valuable experiences at the same time.

Over the summer, the dental hygiene class as well as students from each dental class worked together to make the annual **Special Olympics** into an even greater success than last year.



Special Olympics photos courtesy of Marjorie Barker DH2010



Administering ► free oral exams



Demonstrating proper oral hygiene ►



2009 Virginia Dental Meeting

Kime Whitman D2010

In June of this past summer, a few dental students had the opportunity to attend the 2009 Virginia Dental Meeting held this year in Williamsburg. I signed up for the Periodontics CE course taught by Dr. Timothy Donley from Kentucky.

The lecture centred on three main points, the first being risk factors. He discussed how genetics, stress, and smoking are the three main areas that need to be taken into consideration when dealing with potential periodontal patients, and that it is important to treat aggressively at the first sign of disease if your patient has these risk factors. In addition, you want to choose the treatment approach that maximizes the chance of the most rapid resolution of inflammation while preserving bone and reducing the risk for more serious systemic problems.

The second point of the lecture was using what he referred to as the problem site approach. Approach each patient with a debridement mindset using radiographs, stepwise probing, developing a battle/treat-

ment plan in the process, stopping to dry and really take the time to look, and having constant feedback from the constant tip of your probe. He emphasized thinking not



The attendees of the VDA Annual Meeting Conference with Dr. James Revere at the Governor's Ball

just about visible calculus removal but also about biofilm removal because biofilm covers the entire surface of the tooth. There was much discussion on effective antibacterial medicaments, such as Atridox, Arestin, and

PerioChip, and he recommended using the one that was easiest to place. Dr. Lanning and Dr. Gunsolley's lectures in our perio courses here at school immediately rang a bell in my head.

The final point of the lecture was about oral hygiene. It is important to assess if the problem is due to patient compliance or if there are other reasons contributing to the periodontal disease. In closing, he repeated that two questions need to be constantly kept in mind when examining a patient: 1. Where are the problem sites? 2. What will give the patient the best chance to debride those sites?

It was amazing to me at that time as a rising senior that I was able to follow everything that was discussed. What was presented was mostly information that I had learned in school. More importantly, it really reinforced what we as students have been taught through the curriculum and made me realize how lucky we are to have had such an exceptional education at our school.

Making Implants Part of Your Every Day Practice:

A Summary by Davis Gardner D2010

I attended this CE course presented by Dr. Robert Faulkner. One of the first points he made was that most general dentists have a frustrating time with implants because their staff is not accustomed to the procedure. From an assistant's point of view, it is easier to set up and assist for a bridge if for years your practice has been doing a few bridges a week versus if you only place one implant a month. How it affects us is that staff influences a patient's choice for treatment. While you are away, a patient may ask your staff their opinion on treatment options. If they prefer assisting for bridges over implants, they are likely to be biased to the bridge because it is familiar ground. This is especially true since there are so many parts and pieces to remember when setting up for and assisting implants versus restorative procedures. To overcome this problem, always have an implant case going in your office. Then you and your staff can become efficient at placing them. This can be hard for some patients financially, which brings us to his next point, financial assistance for implants when a patient's dental insurance does not cover it.

To teach this he referenced us back to a more familiar situation, removable and fixed pros. When you're doing a FPD for a patient and need to know if the insurance will cover it, you do a preauthorization. If the insurance decides not to cover the bridge, they will usually cover an RPD instead. "Ethically and legally" you can get what is called an "alternative benefit," which is putting the money they would provide for an RPD toward the bridge instead. According to Dr. Faulkner, this is done frequently. I personally had not heard about it before. His point was if the patient's insurance does not cover an implant, use the same process to get an alternative benefit for what they would cover (the RPD or FPD) and put that money toward the implant. This will make implants more affordable for your patients and allow you to always have an implant case in progress.

Now I will list some interesting points that he

taught. First, natural teeth continue to slightly erupt over ten plus years. Over time, your implant crown gets shorter and shorter. Tell your patient this in the beginning so they believe you when it needs replacement down the road. He talked about three lines on the patient's face that must be parallel for optimum esthetics: the interpupillary line, gingival papilla heights, and the incisal or occlusal edges. If these are not parallel for optimum esthetics, consider orthodontics and/or surgical correction before implant placement.

Also discussed was reverse torque, which is torquing the implant in the reverse direction of the threads. After the surgeon has determined that the implant is osseointegrated and ready to restore, test it with reverse torque. If it passes (patient does not feel you torquing it and it does not move/spin), then it is ready to restore. Otherwise, the implant needs to be removed and placed again. To perform reverse torque, nub the soft tissue only and do not do a block. When checking the occlusion of your implant, you can not use occlusal paper and ask the patient to "tap, tap, tap." This works on natural teeth because of the PDL. Instead, use shimstock on the implant crown to check the occlusion.

When starting of, select patients with broad bone and thick gingiva. You do not want thin gingiva because you can see the grey of the screw. A cool option for bone augmentation through orthodontics is to extrude the teeth, which brings bone with them. This is natural bone so it will last much longer. Lastly, when treatment planning the occlusal scheme, remember implants do not like horizontal forces. So, if the implant crown is on a maxillary posterior tooth, make the implant crown lingualized occlusion so the buccal cusp will not touch the opposing tooth in centric and excursive movements. The forces stay vertical, and horizontal forces are minimized. If the implant crown is a posterior mandibular tooth, make it buccalized occlusion for the same reasons. This will increase the longevity and success rates of your implants.

First ASDA District 4 Meeting

Rachel Barone
D2012

Five VCU dental students traveled to Charleston, SC, the weekend of Sept. 18-20 to attend the first ASDA District 4 meeting. The meeting was held at the Medical University of South Carolina (MUSC) and was arranged by the ASDA District 4 trustee, Richard Carlile, 2011.

There are six schools that comprise District 4: Virginia Commonwealth University, University of Tennessee, Meharry Medical College, Medical College of Georgia, Medical University of South Carolina, and University of North Carolina at Chapel Hill; all but Meharry were in attendance.

The meeting was held on September 19 and began with a breakfast sponsored by Medical Protective. The morning allowed time for the delegates from each school to meet each other and share information about their school's ASDA chapter. The students were able to discuss strengths and weaknesses of their ASDA chapters and glean insight from each other on potential solutions for each chapter's unique situations.

Dr. Oyster of the ADA addressed the students about the

importance of being involved with your local, state and national governments. Dr. Oyster recommended meeting with politicians or setting up political fundraising dinners in your home to form strong relationships with local or state politicians. Doing so, he said, will allow us to have a greater impact on the future of the profession of dentistry, and will allow dentists to have a say in what legislation is passed regarding the profession. Dr. Oyster also stressed the importance of contributions to local and state Political Action Committees (PACs) during the course of your

dental career as way to facilitate positive change in the profession and foster goodwill toward dentistry in the political community.

Dr. Norman, 16th District ADA Trustee, also addressed the students. He discussed the value of leadership in the profession of dentistry and our individual roles as leaders both in the profession and in our communities. Dr. Norman highlighted the importance of our continued involvement at a leadership level in the profession because it is the only way we could maintain and improve the career of dentistry.

The meeting ended with a presentation from Medical Protective and a chance for the attendees to see the new dental school at MUSC. Dinner was sponsored by Patterson Dental and offered the students an opportunity to get to know one another in a more informal setting.

The meeting provided students with new ideas about stimulating involvement in their schools' individual ASDA chapters and allowed them to see what role ASDA plays at other schools within the District. It was a success and will become an annual meeting for schools to attend.

VDA Annual House of Delegates Meeting

Rachel Barone 2012 and Philip Worthington 2012

The 38th Annual House of Delegates meeting of the Virginia Dental Association was held at the Holiday Inn Koger Center in Richmond, VA. Four student delegates as well as four student alternate delegates attended the meeting. Dentists from all over the state of Virginia travel to this annual meeting to discuss important changes in dentistry and how the VDA should react to the issues at hand.



The First Session of the House of Delegates meeting began on Friday, September 11, and included addresses by the Association's current President and the President-Elect for the upcoming year. The keynote speaker, Thomas G. Donlan of Barron's Weekly, addressed the delegates about the current financial climate and its impact on the dental profession and the economy as a whole. The meeting was followed by a reception that evening.



On Saturday, Sept. 12, Reference Committee reports were given during the morning session. There were three Reference Committees, one addressing Public and Professional Affairs, one addressing Budget and Fiscal Affairs, and one addressing Bylaws and Administrative Affairs. Audrey Gamulo, 2010, served on the Bylaws and Administrative Affairs Reference Committee, as did Dr. Alfred Certosimo, one of the General Practice Chairs at the VCU School of Dentistry. Some of the issues discussed dur-

ing the morning session were whether or not dentists in the state of Virginia should be required to have an amalgam separator in their office, how many dental hygienists or dental assistants can work under one dentist and whether student delegates attending the Annual House of Delegates meeting will have the ability to vote on issues during the meeting.

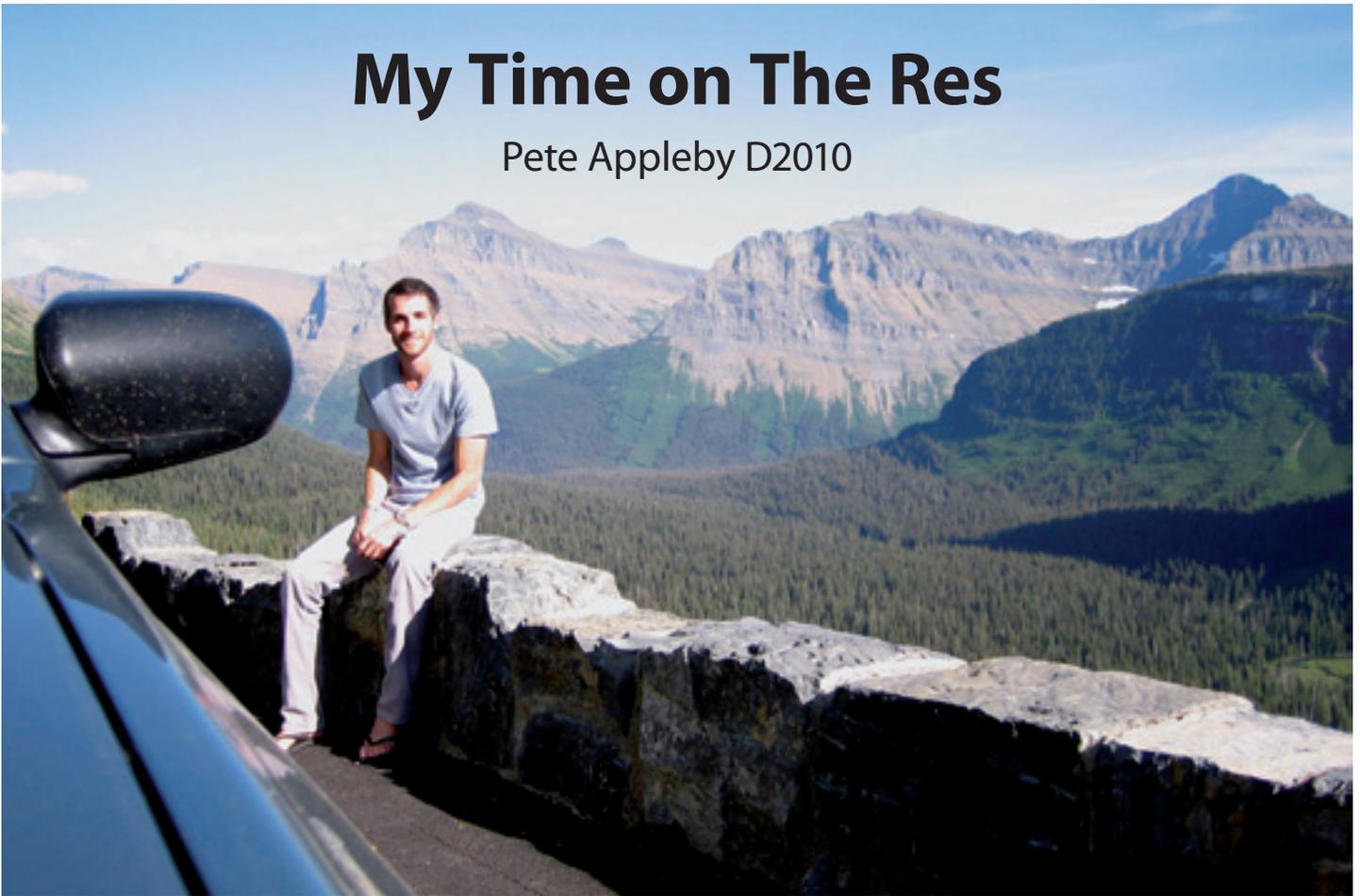
During the afternoon session on Saturday, Dr. John D. Findley, President of the ADA, addressed the group. The Annual Business Meeting was also held during Saturday afternoon, followed by a reception and awards banquet Saturday evening.

Sunday, Sept. 13, the final day of the meeting, opened with an address by ADA President-elect Dr. Ron L. Tankersley. Dr. Tankersley, an oral surgeon and resident of Newport News, Virginia, spoke about competing healthcare reform paradigms and their potential impact on the practice of dentistry.

Following Dr. Tankersley's address, the house conducted the final voting on proposed policy resolutions and amendments to the VDA bylaws. The adopted resolutions included a statement in support of smoking cessation in all public spaces within commonwealth and an endorsement of the installation of amalgam separators in dental offices by the year 2013. The delegates also approved two measures with direct relevance to students of the dental school. The first action formally created an advisory membership position on the VDA Board of Directors to be occupied by a student of the VCU School of Dentistry. The second action ensured that the VCU ASDA chapter will be eligible to place at least one student on each VDA committee as a full voting member. These measures promise to give dental students a continued voice in shaping organized dentistry policy in Virginia.

My Time on The Res

Pete Appleby D2010



This past July I spent three weeks in a place most people could not find on a map: Browning, Montana. I signed on with the Indian Health Services to work as an extern on The Blackfeet Nation Reservation the summer after my junior year. The tribe calls it “The Res” and with a population of roughly 2,500 Blackfeet. It’s very much a small town vibe. I lived in a trailer located about five minutes from the community run hospital with other visiting students. We ate hospital food, three squares a day of stuff that looked something like the frozen meal that’s been sitting in the back of your freezer for six months, just not as good. I think I lost ten pounds while I was there picking at the mystery meat before giving up and settling on saltine crackers.

Health Care is free for all members of the tribe whether they reside on the reservation or not. So, the hospital sees quite a few patients seeking all types of medical care from the surrounding areas. The

dental clinic in the hospital is equipped with thirteen modern operatories and fully staffed.

Dr. Pannebecker is the clinic’s director and runs a very tight operation; I saw four to five patients a day and had a number of great experiences. The work primarily focused on extractions, root canal therapy, and restorative procedures.

The reservation sits at the eastern base of the Rocky Mountains and borders Glacier National Park. This park has to be one of the most beautiful places on the earth and should not be missed if you ever make it to Montana. Most weekends and evenings we hiked (it

would stay light until 10:30 p.m.!) or went cross-country skiing on the remaining glaciers around the park. (On a side note you would think skiing on a flat surface would be easier than skiing downhill; it’s not!)

Some of the permanent hospital staff really made an effort to entertain us; BBQ’s were frequent and we even dared a few times to go to some of the local bars. I’m





told things can get pretty rowdy after dark and more than once I restored a patron's tooth (or three) that fell victim to the previous night's activities.

I was lucky enough to be in Browning during the annual "Indian Days" cultural celebration. This four day event entails the entire town erecting teepees like the one pictured and living in them for a long weekend of drum circles and traditional dancing. It was a unique experience to say the least.

My time on the reservation was valuable in it gave me a much better idea what someone pursuing a career with the IHS might expect. Working with the Blackfeet was rewarding and I found their community to be friendly and welcoming.

So, the summer after your Junior year if you are interested in doing a lot of dentistry and experiencing a new culture right here in the states, attend an IHS "lunch and learn" and get involved. You won't regret it.



Dental clinic externs with Dr. Risa L. Odum, the new staff dentist at the Martinsville clinic. (Bulletin photo by Mike Wray)

My Martinsville Experience

Marjorie Barker DH2010

As a senior dental hygiene student with a tremendous amount of school responsibilities as well as a mother of two with a completely different set of responsibilities, I began to question the decisions I made in regards to going "back to school." There is an added strain on family obligations, I miss a lot of my kids' extracurricular activities, am not available as much to help them in their own studies, and friends just don't understand why I am never around. I mean, it's just "school." Why should it be taking so long for me to learn how to "clean teeth?"

I'm not going to lie. When I started this year, I quickly wanted to end it. The amount of out-of-town rotations, the confidence that I lacked within myself, and the thought that I was putting my own kids on the backburner really made me want to give up. Then, I went to Martinsville the second week of school.

This was my first out of town experience associated with school and it could not have come at a better time. It reminded me why I wanted to become a dental hygienist and gave me a sense of accomplishment as well as some much needed confidence. The reason I wanted to become a dental hygienist is because I want to make a difference in the lives of others. It's pretty selfish but I love the feeling that I can help people feel better about themselves and at the same time help them in their overall general health.

The patient population of uninsured and un-

employed is reaching magnitude heights in our country and there are basic needs that need to be met. As we are all well aware, good oral health leads to good overall health. The Piedmont Virginia Dental Health Foundation Clinic helps to fill that need in the Martinsville area thanks to Dr. Crabtree and the supporting local dentists in the area. As with any population, educating the patient is the key to prevention and the patients welcomed us with open arms. There was so much appreciation and gratitude. I really feel like the clinical as well as educational services that I provided were received with the greatest intention of being proactive in the promotion of their own oral health.

I want to thank my group, Natasha Kapoor, David Jones, T. Jordan, and Kwang Kim, for making this a wonderful experience and for making the "lone" hygienist feel comfortable. Dr. Risa Odum, the new attending DDS and recent VCU graduate (D2009), helped to instill confidence in my skills and took some one on one time to teach me how to read radiographs. The organizational skills and compassion of the staff was a great model for us, as students and the volunteering local dentists showed me that "paying it forward" is a reward within itself. The accommodations were great and the biggest lesson learned was that I'm not ready to give up. The patients really do need us.

So thanks, Martinsville! I am even more excited now about the profession that chose me.

IHS Programs

For those of you I have not met, I am Dr. Cleckner, Adjunct Faculty in GP3. I have a small private practice in Virginia Beach, and have been a member of the VDA for almost 30 years. In the summer of 2008, I answered the call from the dental school administration to the VDA for financial and instructional help. There are many in the Virginia Dental Association that have a real concern for all of you that will be the future of our profession. The quality and expense of your education affects all of us in dentistry.

Having attended the Annual Meeting of the VDA with some of the 2010 Class, I was pleased to hear how they realized what a good dental education VCU provides. Their realization, even as rising seniors, that they understood the vast majority of what the guest lecturers presented was impressive. For the future classes, remember this is a free meeting for all dental students.

The point I wanted to make in this letter regards the expectations heard from members of the 2009 class. Having spent time in clinic, I realize even as seniors, there is little contact with real world costs of running a business. New dentists with their debts and new licenses were looking for jobs, wanting a guaranteed \$120,000 salary. There are still some of them looking for such a job. Just using rough numbers, the young dentist must know that to justify that kind of salary, they would have to produce at least \$250,000, and the practice would have to have that much extra dentistry to do. The VDA realizes some students are graduating with debt loads of \$200,000 or

more, and are looking at ways to keep costs within reason. But debt service on any loan is an individual burden. When I graduated, the prime rate had hit 15%, and loans to go into practice carried 17-19% interest. We too were really concerned about our futures (ask me about the year I almost spent in Libya). For those juniors and seniors that are going



Dr. Dennis E. Cleckner

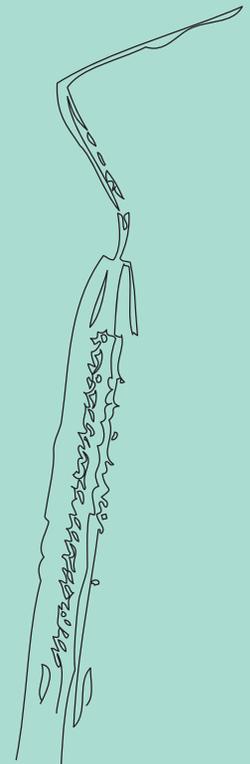
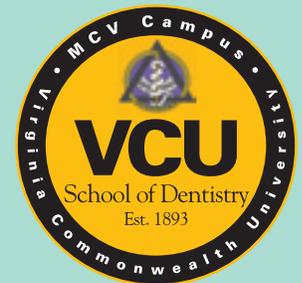
to graduate with large debts with no way to service it, there are opportunities that should be considered well before graduation. The military branches have openings every year, some that have loan payback assistance. Both the US Public Health Service, and its branch, the Indian Health Service, have dozens of opening from coast to coast. Some of these have loan payback assistance, and there is a \$75,000 sign on bonus. Many of the locations are not primo, but only have a couple years obligation. A couple of years paying back the school debt at any location could be much better than struggling to make the payments for 10 years. Being free of the educational debt will make qualifying for a practice loan much easier. For those going on to specialty training, GPR, or AEGD programs, try to keep your loans and expenses low, even though you are tired of living as paupers. Try to get your loans all at fixed rates. Inflation may be right around the corner, and adjustable rates can become unmanageable.

Dentistry is truly a fine profession, and should be enjoyable. If you have questions about any aspects of the profession or ways to use the education, seek out someone early. VDA members are willing to share, and want to see you succeed in the profession. ~ Dr.C

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Please submit story ideas, questions, comments or concerns to Kime Whitman at vua@vcu.edu

Design and layout by Jason Sullivan
jasonmichaelsullivan@gmail.com