

the probe

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Letter From The Editor

Scott Culpepper D2009

In the previous issue of The Probe, we started with a letter from Dean Hunt. Since then, renditions of him occurred which may or may not have involved a window-pane suit and a New Jersey accent. Be clear that this was not as much a challenge to his leadership as it was the result of peer pressure, and a demand for silly nonsense. This issue of The Probe is not about the new construction, the budget, or other points that one may like to discuss with the Dean. For that, I say get involved and schedule an appointment yourself. Don't simply complain.

It may feel healthy to vent at first, but then it actually becomes a frenzy of anger and negativity that only gets bigger. And that is not what we are about here at The Probe. Turn off the sarcasm and let the love into your hearts, I say. This time in The Probe, let's talk about what makes dental education great, with emphasis on great instruction, values/ethics, and patient care. I am getting sentimental as we near graduation, but I feel like I was a part of something great here at VCU. One big part of that greatness was Dr. Robertello. Dr. Robertello was a phenomenon. There were the skits, the T-shirts, and even the giant amalgam with arms. Put on his mustache and attempt his accent, and you will immediately assume Dr. Robertello's sense of decency and compassion for patients. He also loves students, and he loves teaching. This is what defines us at

VCU. Things are always changing around us that seem beyond our control. But we still control our identity as a student body and our value systems. Nobody can take that away. Many great instructors are still here to support you in your care for patients, and guess what? If you don't produce \$90,000.00, you will be okay.

Thanks to all who have contributed to The Probe. Please welcome Kime Vu (D2010) as your next editor. I am off to do a GPR residency at Kings County Hospital in Brooklyn, NY. I take with me all of these great hands-on experiences and teachings. I am extremely sad to leave all of you and my classmates. I give you no more advice except this: savor every experience and bond with everyone. This may be the last time you get to be around so many great people.



Dr. Huband, Instructor and Maxillofacial Prosthodontist

By Caitlin Stangel D2009

The entire Virginia Commonwealth University Dental School community was sad to see Dr. Michael Huband, former Vice Chairman of the Department of General Practice and Group Leader for GPG-3, leave last December to begin a new iteration of his career as a Maxillofacial Prosthodontist with the Head and Neck Institute at the Cleveland Clinic in Ohio. The Probe recently caught up with Dr. Huband – described by Dr. Fred Certosimo as “a kind and caring individual as well as a great teacher and devoted faculty member,” and by Hazel Luton as “one of the most talented instructors we ever had here,” at V.C.U. – to learn a little more about where he has been, what he is doing now, and to find out if all the talk is true and he really has played a role in the reconstruction of the woman recently involved in the chimp attack in Ohio. Here’s what he said:

Probe: So, Dr. Huband, what got you interested in pursuing a career in dentistry? How did you get your start?

Dr. Huband: In high school I was very much unfocused on my education and didn’t like school. I wanted to drop out and join the military. My father, Dr. Albert L. Huband, Jr., was teaching part time at V.C.U. Dental School in the General Practice department and had become acquainted with Fred Ulmer, who was the director of the Dental Lab Technology program at J. Sargeant Reynolds. At that time, Reynolds had classrooms on the first floor of Lyons – in fact, 106 was a lab for the program. One day my father came home and said he had arranged an interview for me with Mr. Ulmer. I attended the interview, was accepted, and suddenly enjoyed and excelled in school. Calvin in the service lab remembers those days and likes reminding me of how far my career has progressed.

While in lab school, I was looking through my father’s books and saw an issue of Dental Clinics of North America devoted to maxillofacial prosthetics. It was so fascinating to see pictures of a patient place his obturator; then his prosthetic nose and eye. The patient went from looking terribly disfigured to someone who would be accepted in a social setting. Immediately I knew this was what I wanted to do.

After your education as a lab technician, where did you complete the rest of your dental education? Where did you receive your training as a Prosthodontist?

After completing the associate’s degree program, I attended a bachelor’s degree program at Louisiana State University School of Dentistry in New Orleans. There I met and work under the direction of Dr. Luis Guerra, a Maxillofacial Prosthodontist and director of the dental clinic at Charity Hospital. He mentored me and encouraged me to continue my education.

After working for two years, I attended VCU Dental School. Dr. Brownstein gambled on me and I hope he believes it paid off. Next, there was Prosthodontic Residency at L.S.U. and a fellowship in Maxillofacial Prosthetics at M. D. Anderson Cancer Center in Houston, Texas. The fellowship was definitely the best part of my education and training.

Most dentists at that point would have entered into private practice or hospital-based dentistry and never looked back. What brought you to teaching?

My dad was in private practice and taught part-time [at V.C.U. Dental School] for 27 years. He enjoyed practicing, but hated the business end. He always seemed happiest after a day of teaching. I had done some teaching during my training and immediately after graduating from dental school. It was very enjoyable and fulfilling. When I was offered a full-time position in education I accepted it with my parents’ support and encouragement. Teaching made me feel like I was part of something really important.

Did you start off your teaching career at V.C.U.?

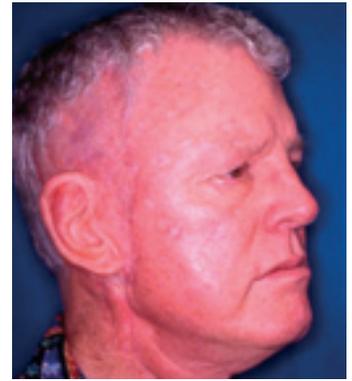
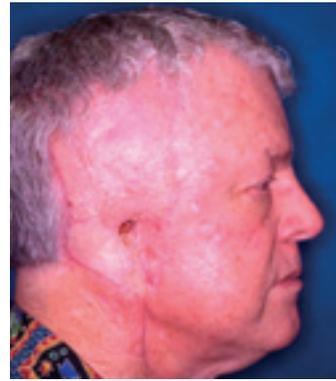
[No,] my first position was at L.S.U. as a Bay Instructor (group leader). Then I went to New York and was coordinator of graduate dental education for Lutheran Medical Center. There I did a lot with distance learning. After being stuck in the subway during the 9-11 attacks, it was time to leave New York for happier grounds.

I returned to L.S.U. and became active in patient care and resident education at Charity Hospital. When the hospital was going bankrupt and they did not know if there were funds to renew my contract, I received a call from Dr. Button who encouraged me to speak with Dr. Certosimo. The night I called Fred, we spoke for over an hour. You could tell by the way he talked that he is a leader with vision and someone you want to be around.

Have you found teaching to continue to be as fulfilling as when you started? What have you enjoyed the most about academics?

It was a very proud day for me in September of 2004 when I began teaching at VCU in the GP Department. The best part of teaching has always been when you can see the light come on and have a student say “Thanks, I really learned today.” Another plus is the strong





bonds you develop with everyone around you. I think back to how faculty like my dad, Dr. Eshleman, Dr. Jenkins and Dr Dishman made you feel safe and respected during the learning process. These special people formed my philosophy of teaching and the role of faculty.

What have you found to be the challenges of your own career as a dental educator, and what do you see as the challenges facing dental education generally in the years to come?

Academic life pulls one in many directions and left me feeling like I was doing a lot of things, but not a lot of things well. It seems like those in academics are working longer hours for less compensation than established private practitioners. To attract and retain educators, the demands must go down and salaries need to become more competitive. Faculty desire more control over their schedules' and should have opportunities for promotion and growth. I hope these changes come about, because in many ways a career in education can be wonderful.

When invited to interview at the Cleveland Clinic, I was feeling as if my career had peaked, and I missed treating maxillofacial patients. From a professional stand point changing positions felt right. It also gave me a chance to get away from Dr. Sawicki. It was very difficult leaving V.C.U. and my hometown.

What are you doing now in your position as a Maxillofacial Prosthodontist at the Cleveland Clinic? Most of us students have not had much exposure to this area of dentistry – tell us what it is all about.

Maxillofacial Prosthetics can best be described as non-surgical reconstruction of the head and neck. The patients may have congenital or acquired defects. Most have impairments from surgical resections for cancer. All have had their lives drastically changed.

Basically treatment is divided into intra-oral and extra-oral prostheses. Intra-oral prostheses include obturators, palatal repositioning appliances, resection prosthesis and palatal augmentations. These prostheses either separate the oral cavity from the sinuses, in cases where the portions of the palate are removed or missing, position the velum against the pharyngeal wall, or give the tongue an area to function against. They help restore speech and swallowing. It is gratifying to hear a patient say that now others can understand what they are saying or they can swallow without food coming out through their nose.

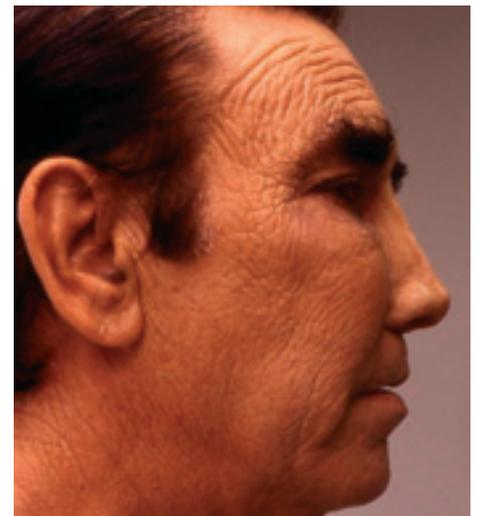
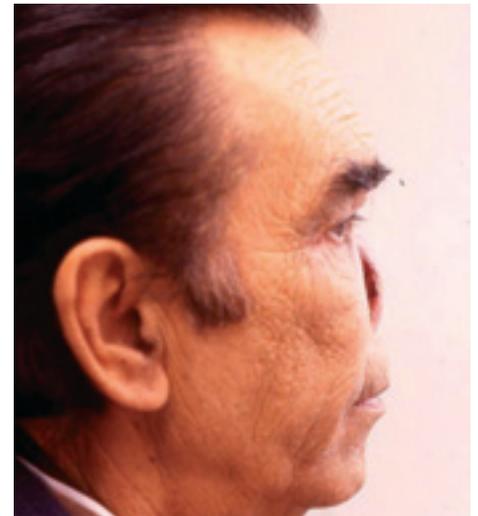
Extra-oral prostheses are the so-called "glass eyes" (which are currently made from acrylic), and the prosthetic noses and ears made from silicone. Each prosthesis is custom waxed and characterized to harmonize with the patient's features. They seldom look perfect, but do allow someone to go out into public and not have people stop and stare.

There is still a need for conventional prosthodontics for some of the patients we treat. Recently, a terminally ill patient said he wanted to have dentures made before he dies. This type of request is rather common and we work hard to honor their requests.

In most situations, to practice Maxillofacial Prosthodontics one needs the support of a hospital. Very few facilities (I can only think of about dozen) employ someone in my specialty. At the Cleveland Clinic, physicians and dentists are part of a team in the Head and Neck Institute. Everyone acknowledges the unique skills each member brings to the table.

It sounds like you are in a really great position to do your patients a lot of good! Now, you know how the rumor mill at V.C.U. runs, and we've been hearing all sorts of whispers lately about the cool cases you have had the chance to work on. Is there any truth to the rumors?

People are constantly asking me about the two high profile cases at the Cleveland Clinic (the face transplant and chimp attack). The hospital has instructed us not to comment, but being here has provided me with very unique experiences.

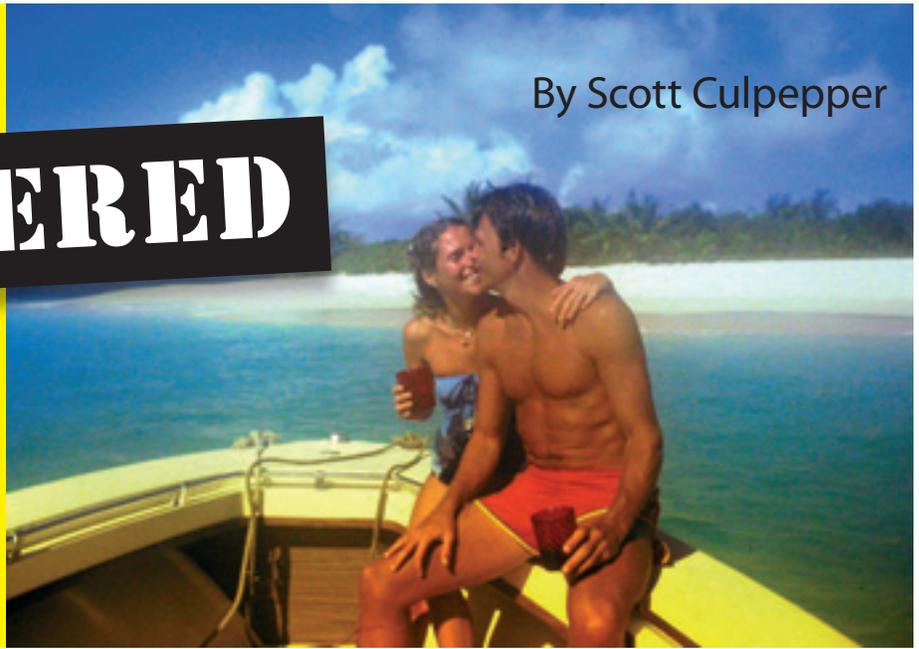


Dr. Jim Burns:

By Scott Culpepper

UNFILTERED

Dr. Burns talks to the Probe about teaching. Plot spoiler: he uses a book of clean jokes. This and more in this Probe exclusive caught on tape.



Probe: What got you interested in oral pathology?

Dr. Burns: In 1969 I took general pathology and was first in my class and got interested in pathology and took oral pathology. I really got excited about helping patients with difficult-to-diagnose diseases. I made up my mind as a D2 here at VCU to go into oral pathology. Also I had an obligation in the Army for a four-year stint due to my scholarship at Virginia Military Institute, my undergraduate, so I could not go into oral pathology right out of dental school. The Army needed me, so I did an AEGD in the Army for a year, and then I served as a general dentist in the Army, in Germany for three years. So after four years, my dream of being an oral pathologist, although delayed, got initiated in 1976. And I combined an oral pathology residency with a Ph.D. in microbiology. Backtracking to when I was in the military, in Germany, they had an overseas branch of the University of Southern California that offered a master's in education. So, knowing that I was going into oral pathology and academia, I got my masters in education while I was in the Army going to night school. So by 1980, I had my dental degree done, my master's in education done, I had my oral pathology residency done, I had my Ph. D. in microbiology done, and I passed my boards in oral pathology and I accepted a faculty posi-



tion here at VCU. That was the beginning of my career in oral pathology and dental academia.

So you knew you wanted to teach from the very beginning as well.

I had, here at VCU, as I'm sure all students have experienced, there are some excellent faculty, and at the same time there are some faculty that are excellent examples of bad faculty. I mean you can serve as a great example of what to do or you can serve as a great example of what not to do.

So would you say that there is some behavioral science and educational technique behind some of your teaching that you use?

First of all, the irony of higher medical and dental education is that you don't need to be a teacher to teach. The criteria to teach kindergarten, elementary school, middle school, and high school are much more critical, much more stringent, at that level than it is at this level. At this level, all you need is a degree after your name and a willingness to teach. Just because you have a DDS or a DMD after your name doesn't really make you an excellent

teacher. So when I was a student, I realized there were some awesome faculty, and there were some faculty that needed some experience, more than they had, at teaching. So they were good examples of a bad example. And I

kind of dedicated my life to trying to see if I couldn't make education more pleasant, more enjoyable for the students. Uh, it's not a picnic, but we like to call it edu-tainment. Half education, half entertainment. And I think that's the hallmark of an excellent teacher.

So humor is your deadliest weapon. How do you stay ready every day? Is there some sort of warm up that you do, or do you reuse material that works?

I actually have a book on clean jokes, and besides my textbook on oral pathology or whatever I'm lecturing on, I actually read joke books. So I use some of that material. If it works, great. If it doesn't, I drop it and don't try it again. But students tend to pay more attention when you interrupt. Because oral pathology and a lot of subjects in dental school can be extremely dry and boring, and it's not our job as educators to read a Power Point to an intelligent person by projecting the Power Point up on the wall and reading it word for word. They can do that on their own. But it is our intention as faculty to keep them engaged, thinking, awake, excited. So joke books help, and just realizing that we're there to serve the students. Our primary function here is to be patient-centered and student-friendly.

So when you got to this program, was Dr. Svirsky already here?

Yes.

What was your reaction when you found out you'd be working together?



My reaction was actually really wild because Dr. Svirsky was in the class behind me. I'm in the dental class of 72, he's in the dental class of 73. I knew of him, I knew him as a dental student, and when I found out since my four years in the army delayed my entry into oral pathology, Dr. Svirsky went into oral pathology immediately out of dental school, so he was actually an oral pathologist before I became one. When I came back to VCU to do my residency, he was one of my teachers. He was one of my mentors, and when I found that fact out, I went like, "oh my gosh." I mean we have an interesting...uh.... Mutt and Jeff... Dr. Hyde and Jekyll.... Uh..... oil and water.....

Dynamic?

Yeah.

So, Dr. Sawicki saw you guys having so much fun and just wanted to be in the club at that point?

Dr. Sawicki was actually one of our residents when VCU had a residency program in oral pathology. We graduated six residents, and we closed the residency in 1980 because schools were closing and there was no need at that time. There was an overabundance of oral pathologists. Dr. Sawicki was one of those unfortunate graduates of ours. We had six graduates, three of them could not find jobs as oral pathologists and out of default, Dr. Sawicki went into private practice. But he never lost his love of teaching and love of oral pathology. So after twenty some odd years in private practice, he decided to sell his practice and come back into academics. To this day, he's an excellent oral pathologist.

Do you guys have any spots for residents coming up next year?

No, but there are twelve awesome residencies around the U.S. and we're always willing to refer any of our graduates who are interested, assuming they have the intellectual capacity and the personality to be an oral pathology weirdo.

So you are also the Assistant Dean of Clinical Education. Has it been hard switching hats to a job that seems to involve more logistics and semantics than anything else?

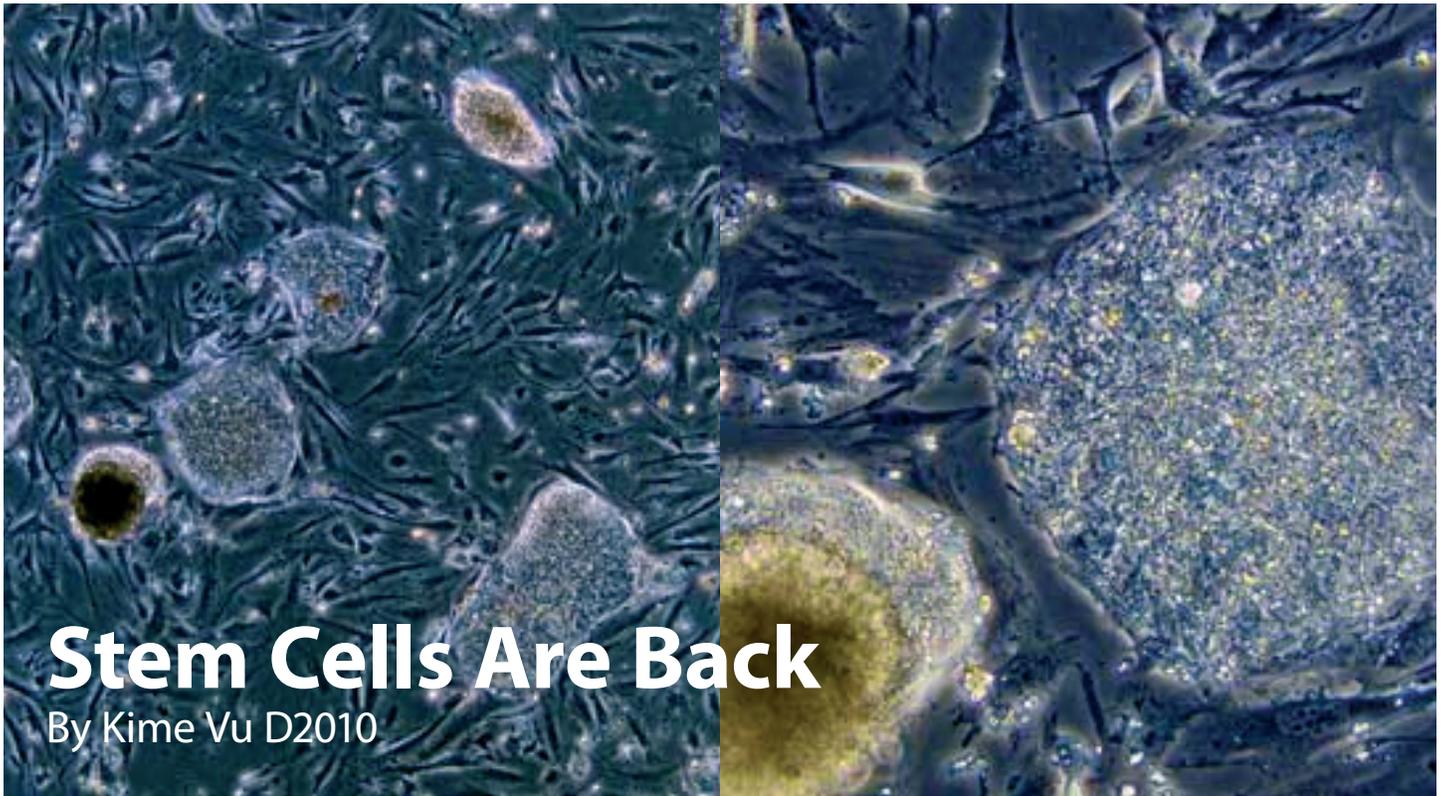
The Assistant Dean for Clinical Education job is an interesting job, but it's just an offshoot of having a sincere interest in dental students and their education. The oral pathology arena is more didactic and laboratory and microscopic, forensics; but in the clinical education side.... It's almost like trying to herd ducks and get

them all in a row, because you have so many different faculty members who teach in clinical education, and they all have their own area of interest. But to be dean, you have to bring all of those divergent areas of interest together under one harmonious theme. Therein lies the challenge. You're right, it's more organization of people than anything else. I don't pretend to be a prosthodontist or an endodontist, but the idea is to create one package that, through the eyes of a student, makes sense, rather than having eight pigeon holes, and one pigeon hole titled Prosthodontics, one titled endodontics, orthodontics, and all these different pigeon holes and leaving it up to the student to "make sense of it." I see my role as more of an organizer and a facilitator to bring all of those diverse interests together, so that through the eyes of the student, the general practice model makes sense, and they're comfortable leaving here and going into general practice.

If you hadn't been an oral pathologist, what would have been your second choice?

My second favorite branch of dentistry, would be truly what I'd like to call a "super general dentist." A super general dentist is a general dentist who does it all. They do their own prosthodontics, they do their own endodontics, they do their own oral surgery, they do their own orthodontics, minor orthodontics... to a lot of people, they think that can't be done. But I know a handful of super general dentists. That is the most challenging profession there is in dentistry, to be a true general dentist with a prefix "super" in front of it.





Stem Cells Are Back

By Kime Vu D2010

The first official day of this past spring break found me lazing around the house in my pajamas. I flipped on the television and the headlines on CNN read, “Obama overturns Bush policy on stem cells.”

Since 2001, the National Institutes of Health have been barred from funding research on human embryonic stem cells (hESCs). Nearly eight years later, those restrictions are now lifted. The first question that crossed my mind was, “What are the implications for dentistry?” I decided to look into the topic since I had no real knowledge of it at all.

Within the last four to five years, research has dramatically increased but mainly involved tooth-derived stem cells. Studies focus on growing teeth, parts of teeth, or alveolar ridge for facial reconstruction all from dental stem cells. As we all know from histology, dental stem cells are already differentiated into specific tissues unlike embryonic stem cells, which can potentially differentiate into any body tissue. I found one ongoing study concerning hESCs, which sparked my interest. Researchers from the dental school of Tufts University are applying tissue engineering principles to transform hESCs into com-

plex oral cavity tissues, such as the skin and oral mucosa. During the first week of April in Miami, Florida, the 87th General Session of the International Association for Dental Research was held and the results from this study were presented.

The tissues in the lab were made via a two-step process. One hESC cell line was diverged into two cell populations using a combination of specialized surfaces that the cells attach to and various chemical signals. The two cell populations were then isolated and characterized. One population was made up of epithelial cells of the complex tissues. The second was made up of mesenchymal cells below the surface layer. These two cell populations were then incorporated into two tissue compartments that consist of the respective cell types. They were grown at an air-liquid interface to mimic growth in the oral cavity. Two weeks later, tissues were formed. Upon analysis, they were found to share features with normal tissues that are currently used in transplantations.

For the first time, researchers proved that it is indeed possible to generate complex, multilayer tissues of the oral environment from a single, common undifferentiated hESC. Now with the aid of federal funding, studies such as these can be taken to new levels. These hESC derived tissues can significantly impact human health. Not only can they be a future source for oral transplantations, but researchers have also predicted that stem cell therapies will be available in the future to treat a wide range of oral diseases, ranging from the gingiva to all parts of the mouth.

As future professionals, we need to be prepared to keep up with matters like this whether it is through CE courses, research, or so on. It is an absolutely fascinating time to be in our field. Perhaps one day, dental schools may even add a course on dental stems cells and tissue engineering. If hESC can one day guarantee the restoration of the oral cavity to its most natural and healthy form, we are left with a million and one questions. What is the stability factor? How safe is this? What patients will be good candidates? What will be the cost of all this? How will insurances handle this? Still, we will be left with the most controversial of them all, is this ethical?

Organized Dentistry: It's Not Just for Picnics

By Frank Henrich

As we come to the close of the 2008-09 school year the graduates will enter an uncertain atmosphere of freedoms not experienced in the confines of the school of dentistry. No more prep checks, no more waiting for faculty to sign an endless supply of paper documents. The operatory computers will be up in 2 weeks by the way, I promise. The graduates will also face a world where we will no longer have our mentors over our shoulders and provide thoughtful insight and help us remember those things that we should not have forgotten in the first place. (See top 30 oral path lesions.) We also will receive monies for our services that may be exchanged for goods and services, a concept I'm still struggling with. Economic uncertainties will be faced by all and the scope of dental health care may be in for a change, and maybe not the change we can believe in. As freshman we were exposed to organized dentistry in a nice and happy back-to-school BBQ and random lunch and learns since then sponsored by the ADA, VDA, and ASDA. Check the World Wide Web for decoding of the afore mentioned acronyms. As students we are all members of ASDA whose mission statement you will recall is:

"The American Student Dental Association is a national student-run organization that protects and advances the rights, interests, and welfare of students pursuing careers in dentistry. It introduces students to lifelong involvement in organized dentistry and provides services, information, education, representation and advocacy."

Perhaps more than ever the importance for advocacy is needed today to protect the special profession we have all chosen to become a part of. If we step back and think of why we chose this profession a common thought may be its freedoms. By that I mean, as dentists we are not bound to many of the constraints as our medical counterparts. We have more freedoms when to practice, where to practice, who we see, and how we see them. Anyone been up for 3 days straight



days doing some dentistry? Much less having an HMO telling you what you can do or how much you will be compensated for it? Well that may change. Currently the buzz word or phrase is "access to care." As the politicians and the federal government get more familiar with this phrase undoubtedly they will seek ways to "fix" the problem. What's not to stop them, they seem to be "fixing" the banking industry, the housing industry and the automotive industry and they have publicly stated health care is next. Quick, duck! They're throwing stacks of Benjamin Franklin's at us!

So what can we do? Well the answer may be easier than you think. Become an active part of the profession. Join the ADA, your state and local dental chapters, take time to volunteer at a local school and teach oral hygiene to the children. Write a letter to the editor of your local newspaper about dentistry and oral health. Write to your congressman to express your views about health care. The common thread here is being active; life is too short to be passive. Besides, passiveness brings very little reward or sense of accomplishment in life. We're capable of solving the "access to care" issue without being told by someone in Washington what works best. We just have to do it. One thing

is certain we will be acted upon if we fail to act. By getting involved in organized dentistry, such as ASDA and the ADA it gives our message an organized and powerful voice. Currently the ADA has over 155,000 member equaling 80% of practicing dentists, and ASDA has over 17,000 members equaling 70% of all students.

Our chapter here at VCU has been remarkably strong over the past year. It gives me great pleasure to announce this year at the Annual session in Louisville, VCU was awarded two national awards. We won Outstanding Newsletter Design with efforts from the Editor, Scott Culpepper, and Most Improved in Legislative Activities and Advocacy Efforts, in large part by Rich Carlile. Rich also ran for, and won the national position of district trustee. VCU is part of district 4 along with North Carolina, South Carolina, Medical College of Georgia, Tennessee and Meharry. All in all we have a great chapter here at VCU, there's a lot of excitement, and the student body is eager and willing to continue to lead our district by example. In closing we made the city stronger, VCU is as the city upon a hill, the eyes of all are upon us, let our light so shine. In doing so may we all feel inspired to get involved. Just do it!



Money Staches

By John Howard D2010

In the beginning of November, Psi Omega launched a mustache drive to provide Christmas gifts to needy children in the Richmond area. At the end of the drive the proceeds would go to the Richmond Salvation Army. The concept of mustache drives was popularized in 1999 by a group in Los Angeles. They were looking for a fun way to raise money for children's charities in their city. To this date over 150,000 dollars have been raised for children across America, simply by growing mustaches.

At VCU a group of approximately 30 dedicated and very attractive students decided to grow mustaches for one month. They paid little notice to how this strip of hair, stretching mesio-distally across their upper lip, could impact their appearance. The success of the drive did not rely on the growers. It relied on those willing enough to donate for a good cause. Thankfully the students received tremendous support from other students, faculty, staff, and even patients. At the end of the month, most growers eagerly shaved off what had

grown on their upper lip. The hair falling ranged from Sonny Duong's peach fuzz to Brent Moses' painter's brush. When the final tally was counted, the Psi Omega mustache drive had raised 600 dollars for the Salvation Army of Richmond. All the growers would like to thank those of you who were gracious enough to donate.



For more information about mustache drives visit: <http://www.mustachesforkids.org/>

Student Professionalism and Ethics Club (SPEC)

By Justin Norbo D2010



Dentistry has long been regarded as one of the most respected health-care professions. Why? Is it because of our bedside manner? Is it because of our leadership in the community? Perhaps it is because of the strong ethical fundamentals that we possess and exercise on an everyday basis. In an aid to foster wise ethical decision making skills the School of Dentistry has a Student Professionalism and Ethics Club (SPEC).

SPEC was founded in 2007 at the University of Southern California School of Dentistry. The club has gained support by the American College of Dentists, American Society of Dental Ethics, and ASDA. The mission of the club is to promote life-long thought and action in the arena of dental ethics. Dentists, dental students, and dental hygienists alike are all presented

with ethical dilemmas. It is the wishes of the club to provide an insight to broad ethical topics as well as manage specific situational scenarios.

Have you ever been posed with a scenario in the clinic with which you can't look up the answer in a textbook? Treating patients is not always in black and white. There is a multitude of factors that influence our decisions. SPEC allows discussion of topics amongst colleagues in an unbiased forum that will allow us as future professionals to become acquainted with making the right decisions. Do you think you know all the answers to treatment planning difficult situations, proper advertising, dentist to dentist communication, peer review processes, patient confidentiality, the ADA code of conduct, etc.? If not, please attend the SPEC monthly meetings to engage in discussion and allow experienced dentists guide us in our lifelong pursuits of successful careers

ASDA Defines Ethics in Dental Education

By Philip Worthington D2012

In May of 2007, the Washington Post published a story detailing the alarming decline in academic integrity in American higher education. As an illustration of this epidemic of dishonesty, the article highlighted various cheating scandals reported within prestigious academic programs across the country. The examples included an incident at the Indiana University School of Dentistry in which 46 students used a computer password to access examination materials. On the heels of this coverage, a November 2007 article in the Los Angeles Times reported allegations that students from several California dental schools had aided classmates in improperly obtaining dental licensing exam questions. These incidents joined a list of other recent cases to collectively create the perception of pervasive academic impropriety in dental education.

As an ardent proponent of high ethical standards in dental education, ASDA responded to these national headlines with great concern. At its 2008 Annual Session, the ASDA House of Delegates passed a resolution creating a Professionalism and Ethics Task Force to examine the ethical landscape within its member institutions. The Task Force summarized its findings in a document entitled the ASDA White Paper on Ethics and Professionalism in Dental Education. Distributed during the recent ASDA 2009 Annual Session in Louisville, Kentucky, the White Paper seeks to provide “an overview of the state of ethics in dental education today” as well as potential solutions to address the observed decline in ethical behavior. The White Paper concludes with an extensive list of best practices intended to elevate the conduct of dental students, faculty, administrators and practitioners.

Among the issues the White Paper explores is the thorny question of why dental students cheat. Proffered explana-

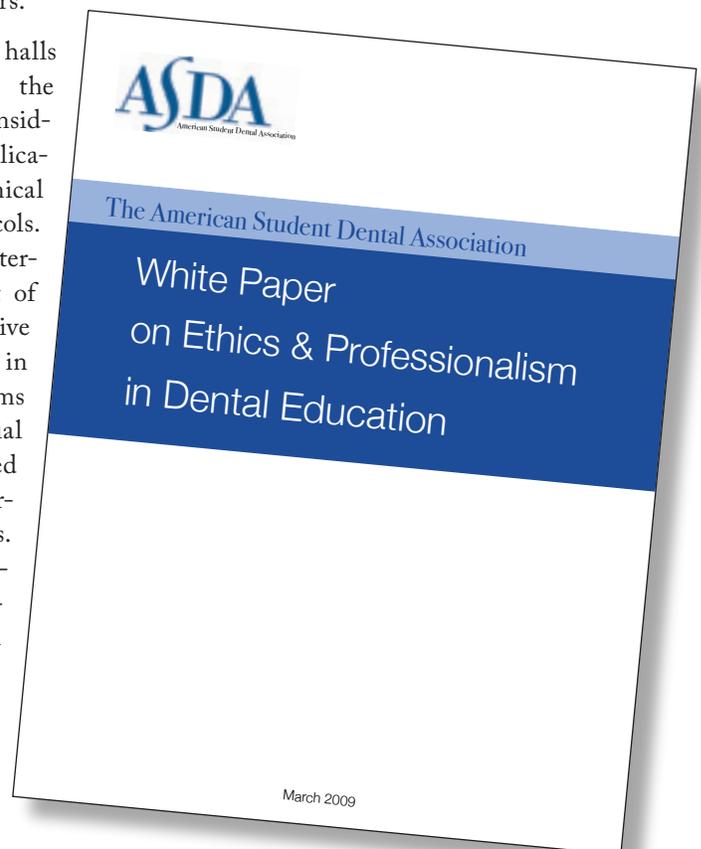
tions include issues specific to individual character as well as shortcomings in institutional culture. Not surprisingly, the White Paper reports that laziness, apathy and inability to manage stress may drive students to sacrifice academic integrity in completion of their assigned course work. However, the authors also reason that dental schools may unintentionally create an environment that cultivates impropriety amongst students. Through rigid procedural requirements for graduation, failure to adequately punish offenders, and a lack of measures to reward ethical conducts amongst students, dental schools may not be doing enough to emphasize the importance of integrity in the dental profession. The White Paper prescribes numerous measures to address these deficiencies, including expanding ethics curriculum, recognizing students for ethical achievement and revising honor codes to increase their relevance to students, faculty and administrators.

Stepping outside the halls of dental schools, the White Paper also considers the ethical implications of current clinical licensure exam protocols. The White Paper reiterates ASDA's support of the elimination of live patient procedures in clinical licensing exams due to their potential to incentivize delayed treatment or over-treatment of patients. The authors also address the administration of the National Board Dental Exams (NBDE), recommending a reduction in exam dates and more frequent test question changes to

create a more ethical exam structure.

The publication and distribution of the White Paper represents an affirmative step by ASDA to confront the increasingly visible ethical dilemmas facing dental education. To affect change, it is incumbent upon ASDA chapters nationwide to review the content of this document and consider adopting best practices tailored to address perceived ethical deficiencies at their respective institutions. The process of returning dental education to a position of sterling ethical standing will require a sustained conversation. The ASDA White Paper provides a strong opening statement.

The complete text of the ASDA White Paper on Ethics and Professionalism in Dental Education can be viewed at http://www.asdanet.org/uploadedFiles/The_Issues/Ethics%20White%20Paper%20FINAL.pdf.



Unleashing ASDA Fever At VCU

By Richard Carlile D2011



The American Student Dental Association (ASDA) mission statement states: “The American Student Dental Association is a national student-run organization that protects and advances the rights, interests, and welfare of students pursuing careers in dentistry. It introduces students to lifelong involvement in organized dentistry and provides services, information, education, representation and advocacy” (<http://asdanet.org/mission.aspx>). As an organization, ASDA seeks to introduce ALL dental students to organized dentistry, but sometimes it is hard to know how to get involved.

As a first year student I ran for the position of D1 ASDA rep with about 7 other students. I did not win, but still wanted to be involved with the organization. I felt somewhat frustrated because I didn't know how I could be involved with this organization, and I also honestly did not know much about it. Through the past two years I have been able to learn a lot about ASDA and I hope that some of the things that I share will help you to “catch ASDA fever.”

Not everyone wants to be a class ASDA representative or President and President-elect of ASDA, but there are still multiple ways you can get involved. At VCU we have so many opportunities to participate in ASDA-events or ASDA related activities. One of the most important events that you can participate in is the VDA state lobby day held every year in January. As an organization, ASDA promotes each school becoming involved in state lobby day. The great thing is that the VDA already holds them every year. It is a great way to meet dentists in your area and to speak with your local representatives. You are able to see how important advocacy is.

Another goal that ASDA is trying to promote is an increase in the amount of students participating in the American Dental Association's Political Action Committee (ADPAC). Recently, VCU has not had great participation. You and your fellow classmates can rally your class and get everyone to donate \$5 to contribute to a very important cause. If you feel ambitious you can even contribute an extra \$5 to the Virginia Dental Association's Political Action Committee (VADPAC).

VCU students are automatically enrolled into ASDA and so every student is a member. As a member you receive several benefits for just being a member. You can get discounts from T-Mobile, United Healthcare, Geico, Kaplan, and Lexi-comp. You also become a student member of the ADA, which entitles you to monthly JADA and ADA News as well as access to all the online resources at ADA.org. For a list of all member benefits go to <http://asdanet.org/benefitsdiscounts.aspx>.

For those of you who enjoy writing, you can submit articles to our local, award-winning newsletter “The Probe.” Also, you can submit articles to ASDA News and Mouth. If you would like to be assigned a topic email Jen@ASDAnet.org, or you can just send in an article and see what happens.

Finally, if you are feeling very ambitious you could try to run for a national leadership position. At each Annual Session delegates from each dental school vote for three executive committee members (president and two vice-presidents), speaker of the house, and district trustees. Appointed positions include Editor-in-chief, contributing editors, Council Chairs (Education, Legislative Grassroots Network (LGN), Licensure, Membership, Professional Issues, and Communications), Externships (Chicago Administrative, Scientific Affairs Research, ADA Tripartite Relations, State Government Affairs, ADA Membership, and Washington National Health Policy Externship), Vice-chair of the LGN, and Regional legislative coordinator. Applications for appointed positions are usually due in early January, so be sure to talk with Barrett or Audrey before Christmas break 2009 if you are interested in any of these positions.

I encourage all of you to log in to ASDAnet.org and create your profile. It will be a great year and I hope that all of you will take time to go onto the ASDA website and learn more about the organization, and hopefully “catch ASDA fever.”

39th ASDA Annual Session

By Rachel Barone D2012

After an eight-hour drive through three states, the eight students representing VCU arrived at the 39th ASDA Annual Session at the historic Galt House Hotel and Suites in Louisville, KY. Though exhausted, second year students Allison Angert, Richard Carlile, Barrett Peters and Jason Schoener and first year students Molly Adler, Rachel Barone and Philip Worthington were prepared for the busy, exciting and educational days awaiting them.



The annual session was made up legislative, educational and professional development experiences. Student representatives from almost every dental school in the country came

together to discuss current issues affecting both the dental profession and dental education with the hope of providing a strong foundation for the future.

Several keynote speakers were invited to discuss current issues in dentistry and dental education. A panel on ethics was presented to the delegation. Panelists consisted of two dentists involved in dental education and one in private practice. The panelists gave presentations on ethical dilemmas in their careers and provided insight on how to handle the challenging

situations that may arise. Additionally, a presentation addressing access to care in rural areas was given based on a model being tested in Oklahoma. The program trains hygienists to do limited, non-surgical dental procedures for underserved populations. The hygienist works closely with and consults a dentist regarding patient care and arranges for the patient to have access to the dentist's services if necessary.

During the course of the annual session the delegates had the task of electing the new president of ASDA for the 2009-2010 year. Attendees had six candidates to choose from, each offering their own unique experiences and qualifications. Of the six candidates, Tim Moriarity of University of Connecticut was elected president and William Bennett of Medical College of Georgia and Wesley Schute of State University of New York at Buffalo were named members of the executive council. These leaders will be responsible for making policy decisions and governing the organization.

An exhibition fair of vendors from all facets of dentistry was scheduled to give attendees exposure to different products and services available to them both in and out of dental school. Breakout small group sessions sponsored by vendors from the exhibition fair were provided to give students more information about specific facets of dentistry, such as dental anesthesiology,

malpractice insurance, implants and practice management.

VCU was awarded several honors during the annual session. The Probe, VCU's student newsletter, won best newsletter layout/design. VCU was also recognized for their improvement in legislative involvement over the past year and the American Dental Association awarded VCU \$300 for having the majority of its students enrolled in the ADA life insurance program.

Attendees had a chance to explore the city of Louisville. ASDA arranged an event at a local gallery of glass artwork located downtown. While artisans worked below creating glass mugs and wine stoppers, ASDA delegates dined and mingled in the second floor gallery overlooking the workshop below. Strolling through downtown Louisville, attendees were able to see the Ohio River and Louisville Slugger Museum.

On the last night a Kentucky Derby-themed dinner and dance was held to honor the immediate past president of ASDA, Mike Meru, and to commemorate a successful session. Dressed in full derby regalia, attendees enjoyed dinner and complimentary mint juleps and then hit the dance floor to celebrate the new friendships, educational experiences and successes of the past few days.

CONGRATULATIONS!

The Probe would like to congratulate **Richard Carlile (2011)** for being named District 4 Trustee during the 39th Annual ASDA Session. District four encompasses the dental schools at VCU, UNC Chapel Hill in North Carolina, Meharry Medical College and UT in Tennessee, and MUSC in South Carolina. Rich is responsible for organizing and running a district-wide meeting to mark each chapter's progress and encourage the chapters to share resources so all can be as successful as possible. Rich will also be representing District 4 at national meetings and conveying information from the national meetings to his constituents throughout the district.



2009 ASDA Legislation

By Molly C. Adler D2012

“The American Student Dental Association is a national student-run organization that protects and advances the rights, interests, and welfare of students pursuing careers in dentistry. It introduces students to life-long involvement in organized dentistry and provides services, information, education, representation and advocacy.” This is ASDA’s mission statement, which the student delegation from VCU experienced firsthand at the 2009 Annual Session in Louisville, KY during the last week of March. Hundreds of students represented each of the 56 dental schools in a series of meetings of the House of Delegates in which new legislation was proposed, revised and voted upon.

Policies put into effect each year by the House of Delegates are relevant to every dental student, as ASDA is self-governed by its own 56 chapters throughout the United States. Delegates were invited to submit resolutions prior to these meetings, and they were then amended during reference committee hearings. The three reference committees include Membership, Education and Licensure, and Governance and Professional Issues. The revised legislation was then brought before the House of Delegates for discussion and resolution. The 2009 Annual session adopted several new policies which are now in effect.

The committee on Governance and Professional Issues reviewed and presented a resolution written by the delegation from Southern California entitled “Addition to the ASDA Code of Ethics-Reporting Violations.” The delegation asserted that each ASDA member is held to the standards established within its code, and that an important aspect of this code is the reporting of violations of this code to the appropriate administration within each individual chapter. It was therefore resolved that ASDA’s Current Statement of Position or Policy of the Code of Ethics contain the additional statement that students will “Report unethical activity and violations of the honor code to the appropriate body at the school.”



The delegation from Maryland presented resolution through the Membership committee entitled “Low Membership Participation Initiative.” The authors were concerned that the existing “Low Membership Initiative” plan, designed to improve membership and participation in ASDA activities at dental schools with fewer members was not effectively reaching those schools who have automatic billing for membership. VCU is one such school, as we have automatic billing and membership enrollment in ASDA during the first year, but member participation on a national level in ASDA activities is relatively low in comparison with other chapters. The legislation was therefore passed, with call for action. It was therefore resolved that “ASDA develop a Low Membership Participation Task Force that would identify and evaluate local chapters in need, and be it further resolved that this task force devise mechanisms to increase student involvement and participation on the local level.”

Perhaps the most controversial of the resolutions was one reviewed by the Education and Licensure committee entitled “New L-4 Policy on National Board Dental Exams.” This resolution was somewhat different, as it was written by the board of trustees itself. The board of trustees includes individual trustees from each American district, the existing executive council, the speaker of the house, immediate past president, and the executive director of ASDA. The board

noticed that there has been extensive recent discussion regarding the format of the National Board Dental Examinations, and that prior to the 2009 Annual Session ASDA had not actually developed a policy as to where student opinion stands. The board therefore aimed to create a policy that would be flexible and able to adapt with time and changing circumstances. Legislation was passed stating that it be resolved that “ASDA institute a new L-4 policy titled National Board Dental Examinations that reads as follows: In regards to National Board Dental Examinations, the American Student Dental Association supports a secure examination process that is valid for quantitative scoring.”

The resolutions discussed above were only a few of over a dozen issues that were discussed in depth over the course of the four-day Annual Session. These issues are relevant to all dental students, and it is in the best interest of every dental student to keep abreast of the current issues surrounding their future profession. The adopted resolutions, as well as procedures for writing and submitting resolutions can all be accessed via the ASDA website, and all members of the VCU School of Dentistry Chapter are strongly encouraged to become involved in these issues.

*For more information, please visit
www.asdanet.org*



Giving Kids a Head Start

By Ruth McNamara DH 2009

Bye Miss Ruthie! Bye Miss Brooke!!! Thank you!! These were some of the last sounds we heard as we exited our Head Start class room for the final time. We were sad to go. We had become quite attached to these children as we sought to promote oral health care awareness.

We had taught the children how important it is to have good oral home care habits, played the “Happy Tooth/ Sad Tooth” game, learned fun songs about the way to brush our teeth, watched a video about super heroes chasing away the “Cavity Creeps,” and even made tooth hats! It is true that kids really do keep you young. We probably had more fun helping them with their coloring pages than they actually had coloring them!



children began to become very special to us. As we invested time and effort into the project, it became a rewarding venture.

The best part about our class of children was that they had been present at the Kensington Boys and Girls Club for Give Kids a Smile Day. I had participated in this event with several other students from the School of Dentistry and it had been quite a productive day. The event was well organized. Around 1,220 children arrived from areas all over the city of Richmond. Each child was provided with a screening exam, child prophylaxis, and fluoride varnish. Every child was also given oral

For our community dental health practicum, each of my classmates and I were assigned in pairs to different elementary schools around Henrico County. We were responsible for teaching the oral health care section of the Head Start program for four and five-year-olds. We had to design lesson plans and teach five different lessons to these children. For my part, I did not at first look forward to participating in the project. I am ashamed to say I only saw it as one more thing that we needed to do. However, from the very first day we began working with our assigned school, the



hygiene instructions as deemed appropriate for their age and ability. The children were then dismissed with a new soft tooth brush and floss, documentation for follow up needs, and a parent letter stating the treatment that was provided. The work was fast-paced, and the children just kept coming! Many of us ended up kneeling on the floor to get on the kids’ level. Talking with the children and finding ways to explain about their oral health needs so each child could understand, was challenging yet fulfilling.

None of the children in our Head Start classroom had much previous dental knowledge, aside from the Give Kids a Smile Day event. Being able to follow up the event with them in the classroom was quite ideal and seemed to be very effective. It is our hope that through the combination of this event and the lessons they were taught in the activities we designed, the children will learn healthful oral habits for life.

It is often much easier to teach a child something new than it is to teach an adult. Being able to work with children at such a young age has therefore been an incredible opportunity for my classmates and me. The access to care issue is a great problem. (Something always very evident to those who have participated in the Mission of Mercy Projects held throughout the state.) Hopefully we will be able to continue to combat this issue through education and primary prevention for children in the future. Effective home care methods and an awareness of oral health needs communicated at a young age can help to decrease this problem in the city of Richmond as well as the entire state of Virginia. Children are the future,



Palm Trees and Tooth Extractions

By Hilary Schwab D2012

As a first-year dental student, it's easy to get bogged down and burned out from studying histology, microbiology, and physiology. At times it seems like our lecture classes will never end and seeing actual patients (that aren't mannequins) is a foreign concept way off in the distance. It's no wonder I jumped at the opportunity to spend Spring Break in El Salvador on a medical mission trip. I had no idea what to expect and really wasn't sure what I was in for during the trip, but it was one of the most amazing weeks of my life.

As soon as we walked outside the airport I knew it was going to be an eye opening experience. Just driving around the city of San Salvador gave me a taste of the differences between life there and the life I've become accustomed to here in the US. Houses surrounded by barbed wire lined the streets, old school buses served as public transportation, and guards armed with assault rifles stood at every block. The country was holding presidential elections the day after we left, so political flags, billboards, and rallies were also a common sight. Due to the closeness of the election, we arrived

to a highly charged environment. We were even advised not to wear the colors associated with the political parties in order to remain neutral.

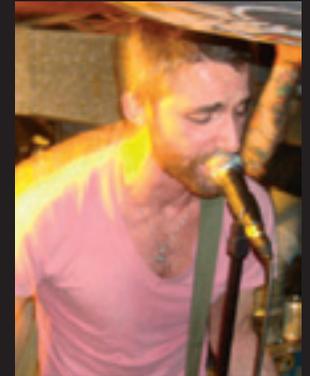
We traveled to remote areas and small communities around the San Salvador area, seeing patients from all walks of life and setting up clinics anywhere we could. Small classrooms, churches, and outdoor patios became our clinic spaces, lawn chairs sufficed as patient chairs, spit buckets acted as suction units, and miners' lights strapped to our heads served as our source of illumination. Most of the procedures were extractions, but some patients came in need of restorative work as well. Performing any procedure became challenging with our limited resources, but we got pretty creative at finding alternative uses for instruments and materials in order to get the job done. Flexibility was definitely required. Luckily, the language barrier was not as big of a challenge as it could have been since we had translators at each of the different towns.

Going into the trip, I worried about what I would have to offer since I haven't had much patient experience, but the dentists on the trip provided onsite training and let me get lots of hands on experience. Naquida Taylor, a third year dental student, also made the trip, and was not only wonderful to her patients, but helpful and encouraging to me as well. Many of the patients had never seen a dentist before and they reminded me that sometimes it doesn't take much to make a difference. They didn't care how long they had to wait, or how horribly we spoke Spanish, they were just grateful that someone was there to help. I hope to make trips like this a common occurrence in my professional life, so having the opportunity to get my feet wet so early was truly a privilege. It was a welcome change for me to get away from the histology slides and treat patients for the first time.



Rock Star Profile:

Pete Appleby D2010



Band's name:
MEMORIAL

What you do in the band:
I sing and play guitar

Influenced by:
Quicksand, Hum, Failure, Neil Young

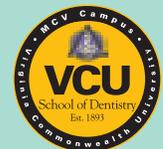
Where have you been playing?:

Well, prior to coming to dental school I played as far away as Budapest, Milan, and Munich. However, Gross Anatomy settled that down a bit and now the band I'm currently playing in stays put on the east coast. You never know though, maybe I can be like a rhythm guitarist/dentist for a band. Some band out there might need me. I can attest to the fact that your average rockband dude doesn't floss.

the
probe

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Please submit story ideas, questions, comments or concerns to Scott Culpepper at culpeppersb@vcu.edu

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