

the probe

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Lydia Sumner, Kristin Larkin, Bri McGuinness, Andrea Onderdonk, and Kate Helfrich in their best business casual at this year's Hinman Conference.

Letter From the Editor

Welcome to the last issue of The Probe for the academic year. It has been a real pleasure being the Editor and I want to thank everyone for his or her submissions and positive feedback. I'm happy to announce that our publication won an award at this year's ASDA Annual Session for "Quality of Newsletter"!

I also want to thank the school for the opportunity to attend the Hinman Conference this year in Atlanta, Georgia. I hope the opportunity continues. There were quite a few highlights. There was a huge vendor fair where we got lots of swag and an opportunity to try all sorts of products. The Keynote Speaker was Jack Hanna and he brought some cute furry friends along with him. There were many lectures that we could attend, including one by Dr. Svirsky where he was honored. The VCU Alumni reception, gave us an opportunity to network and catch up with some recent graduates. The conference kept us pretty busy, but on our way out of town we were sure to stop at the old stomping ground of one of our own, Tin Lizzy's Cantina (best tacos ever). I look forward to attending this conference again in the future.

Finally, as things come to a close for the school year, I want to congratulate all my classmates and the dental hygiene students. We made it! It was a challenging four years, but I've had the most amazing time on this journey. I look forward to what careers have in store for us as we move forward. Enjoy the issue!



~ Andrea Onderdonk, D2013



VCU ASDA students with 2 Gold Crown Awards

ASDA's 43rd Annual Session: My ASDA Adieu

Alex Barton, D2013

After four years and three positions in national leadership, attendance at over 50 meetings for ASDA, and more weekends away and presentations than I could count, I couldn't believe that ASDA's 43rd Annual Session in Atlanta would be my last ASDA meeting as a dental student. This meeting was going to be very special not only because it marked the end of my term as national vice president, but also because as the 2012-2013 Chair for ASDA's Council on Sessions, this year's annual session was the culmination of all the work and planning that my council was tasked with and responsible for this past year. I knew this meeting would be one of the most important legacies I'd leave to our cohort of dental students as ASDA vice president. It was a chance to highlight the issues that I believed were of utmost important for current dental students to learn about and focus on; it was a chance to select speakers and presenters that I thought would best in-

fluence and motivate our generation of leaders; it was a chance to leave my mark. So it probably goes without saying that I had high expectations for this meeting and a lot riding on it. And now that I've had a couple weeks to reflect on this year's annual session, I know that the meeting turned out to be everything that I could have hoped for.

One of the aspects of the meeting that I am most proud about was my council's selection for our keynote speaker, Kyle Maynard. Kyle has a condition known as congenital amputation and was born with arms that stop at his elbows and legs that stop at his knees. Despite this seemingly devastating circumstance, Kyle has gone on to become a champion wrestler, set records in weightlifting and become the first man to crawl on his own to the top of Mount Kili-

manjaro. More impressive to me however, is Kyle's life mantra of "No Excuses," that has made him a national sensation, motivational speaker and author. Kyle and I emailed and spoke on the phone prior to ASDA's annual session, and his genuine and kind demeanor was instantly apparent. After just talking for a couple minutes, I became so excited for him to speak to our 450+ dental students



Keynote Speaker
Kyle Maynard

during his opening keynote and let his story and passion touch the other students the same way that it had for me. I am so pleased to report that Kyle hit it out of the park with his keynote address and started our meeting with such an inspirational tone: stop letting the excuses you make for yourself control you; its time for you to find your “why” in life, and once you find that “why,” don’t let anyone stop you from getting it, ever. I had hoped his message would easily translate to leadership and dental students: sometimes we get so bogged down with the everyday craziness of dental school that we can’t see beyond the four walls we are sitting in or the four years of our time here. But don’t we all have a bigger purpose or “why” for choosing dentistry and this path in life, and don’t we all have an obligation to protect it and give back to our profession? If Kyle’s words left an impression on one or two more students to get involved in leadership and stop “making excuses” for not committing to our profession in a strategic and passionate way, then I feel like I’ve done my job.

One of my other proudest moments of the week was during ASDA’s Gold Crown Awards ceremony. As Chair for ASDA’s Council on Membership last year, my council was responsible for transforming this event from a previously bland luncheon awards into a regal, red carpet awards ceremony that is now referred to as, “The Oscars of Dental School.” All of the presenters dress up in evening gowns and tuxedos and present awards to our most outstanding chapters and leaders for their dedication and work in ASDA. Though being one of the presenters again this year for the 2nd annual Gold Crown Awards was a thrill, this honor was gladly surpassed by my pride in our VCU ASDA chapter, when we were awarded two very prestigious Gold Crown Awards during the ceremony. This year, out of 63 ASDA chapters and dental schools, we were awarded for having the “Best Quality of Newsletter Information” and the most “Outstanding Predental Involvement” in the country! So a huge shout out and thank you to Andrea Onderdonk and Jamie Yuan. Without Andrea and her sublime editing skills, we certainly wouldn’t have been awarded as having the best content of all dental school newsletters; and without Jamie Yuan’s diligent work and



dedication to transforming our pre-dental program at VCU ASDA, we would not have gotten the coveted Pre-Dental Involvement award. Jamie and I spent countless long nights working on and developing new pre-dental events last year, so thank you for your work! Please congratulate these two ladies when you see them!

So as my final adieu, I’d like to take a moment of personal privilege to thank everyone in our VCU ASDA chapter for allowing me to represent our school, and each of you, in such an extensive capacity with ASDA and the ADA over the last four years. I’d also like to give my most sincere thank you and genuine gratitude to our VCU ASDA chapter leaders; you all have made me so proud over the last four years and have transformed our ASDA chapter into one of the best in the country, something that each of us at VCU should be so proud of. My professional life will forever be changed and set on a different path, as a result of the leadership roles I’ve taken on over the last four years and my involvement in ASDA. Though I readily understand that not everyone is as passionate about organized dentistry as I am, I hope that in the spirit of Kyle Maynard’s mantra, you will ask yourself what “excuses” you are making for not being actively involved in our profession. No time? Not interested? We are so very blessed to be a part of a strong and self-governed profession; a privilege that has not been freely bestowed

to us I might add. Countless leaders before us have fought for dentistry’s autonomy, and it is 100% in our hands to protect this work and carry on the legacy. We do this by continuing to have strength in numbers so that we, as a profession, have a voice big enough to stand up and advocate for our rights and welfare; we do this by continued membership and involvement in our local, state, and national dental associations.

So with my parting words, I hope that even if you have “no time” or are “not interested” in being actively involved in our profession, you will always, at the very minimum, continue your membership in your state dental association, your state PAC, the ADA, and ADPAC. Politics, interest, or free time aside, the small investment you make to our profession by committing to membership is what keeps the ability to continue making the decisions that are best for dentists and best for our patients in our hands; its what keeps dentistry alive.



B. Alex Barton

Alex Barton
2012-2013 ASDA vice president

The Crossroads of Dentistry: Where We've Been and Where We're Going

Kristin Coffield, D2016



Our generation of dentists will enter a brand new healthcare landscape, and oh, average dental incomes are plummeting. Do I have your attention? In March, I had the opportunity to hear Dr. Marko Vujicic, PhD speak at the ASDA Annual Session. He is the managing VP of the ADA's Health Policy Resources Center. As an economist, he provided a very different perspective of an environment not many of us have the wisdom or training to foresee. Bob Dylan best quoted it as, "The times, they are a-changing."

Our Past

- **GP's Dental Earnings and the Economy.** Alright, so average GP incomes aren't plummeting, but they aren't growing either. Starting in 2005, annual earnings averaged a decrease of 3% each year until 2009. In 2009, it more or less flat-lined. Contrast that with the economy. The GDP grew until 2007, fell until 2009 and is slowly creeping back up to 2005 levels. This means something was happening in the early 2000's pre-recession that affected dentistry. I'll get to that in a little bit.
- **Amount of Patients Walking Through the GP Door.** In 2007, 19% of GP's said they were not busy enough. In 2011, 39% had the same sentiment (ADA). Simply put, patients were not walking through their door. Also according to the AHRQ's Medical Expenditure Panel Survey ("MEPS") all income levels decreased annual dental visits from 2001-2010.
- **Percent with a GP Dental Visit in the Past Year.** 2003 witnessed a marked decline in the amount of *adults* going to the dentist; however children consistently go to their cleanings. About 46% see the dentist annually (MEPS, AHRQ).
- **Source of Dental Benefits.** So what was occurring during the early 2000's? Per the usual, it all came back to insurance, *not* the economy. People started dropping their private insurance, some by choice, some not as lucky. For example in 2001, adults 19-64 saw 61.7% of their dental procedures covered by private insurance; this declined to 56.4% in 2010. Medicare helped a little, but adults ended up having to go from paying 31.8% out of pocket in 2001 to 34.3% in 2010. When we contrast this to children, public insurance (e.g. Medicaid or CHIPS) covers a much larger portion. Their parents' out of pocket costs *decreased* from 19.6% in 2000 to 15.7% in 2010 (MEPS, AHRQ).
- **Financial Barriers to Care.** The AHRQ's National Health Interview Survey compared those patients that did not go to the dentist because of cost by age group. The five groups were 2-20, 21-34, 35-49, 50-64, and 65+. Guess which one was the most negligent. 21-34 year olds, meaning our young adults are our target population.

Our Future

To ensure our successful and thriving future, this new generation of dentists will need to consider unique approaches to delivering care. Along with policy changes, a novel concept of *how* we provide this care will emerge. Below are some of the strategic areas to consider.

- **There will be a shift from financing procedures to financing outcomes.** Dr. Vujicic noted insurance companies and government programs would reward (aka pay) dentists based on outcomes, not simply on procedures. In the future, recalls may not be time based, or say every six months, but centered more on a caries-risk assessment. The child with high risk comes in every three months, but the low-risk child receiving fluoridated water and sealants at school comes once every 18 months.
- **Convince (younger) adults of the value of dentistry.** As mentioned previously, 21-34 year olds are the least likely to be mindful of their oral health. We need to promote the significance of dental care (and dental benefits) among this demographic, as well as increase their oral health literacy.
- **Persuade states of the value of dentistry.** The single largest line item in state budgets is Medicaid. It has grown about 20% each year for the last 2 years. We need to convince states of the value of dentistry- not only for children, but for adults as well. After all, many states only provide adults with a Medicaid that does not include dental benefits. This will not only help Medicaid pay for adult dental visits, but it will hopefully aide in providing a higher reimbursement rate, so it is feasible for more dentists to take patients with Medicaid.
- **Increase our scope of practice by thinking outside the dental box.** According to the Behavioral Risk Factor Surveillance System, 9.5% of Americans (about 22 million) only go to the dentist in a given year, meaning they don't see a medical doctor. This provides us with a unique opportunity. Is it not possible to easily screen for cholesterol, hypertension and diabetes? This has the potential to not only allow us to widen our scope, but it gets even more people walking through our door. Granted, this is only viable if financially practical, but at the bare mini-

mum we can get people (and politicians) talking about dentistry as a preventative measure.

• **The baby boomers will greatly impact dentistry.**

The over 65-year-old demographic wins two dental awards: Most Compliant and Most Likely to Spend. They follow direction, come to their appointments and well, pay. The bad news? These next retirees are projected to be the first generation that had less wealth in retirement than the preceding generation. Will the baby boomers work longer, delaying retirement so they can stop working only when they can maintain a lifestyle they have come accustomed to? Or will they leave the work force at the typical 65-ish age and rely on the government subsidies to aid a medio-

cre retirement? Time will tell, but it's important to keep an eye on this age group's future habits and to potentially cater to their needs.

There are a lot of projections, what-if's and uncertainties, but there is one definitive: dentistry must evolve. This will not be easy. Granted, things won't change immediately or even as drastically as outlined above, but we ultimately need a vision and a path of where to take the industry. Our biggest task is healthcare education; informing the public – the citizens (our patients) and politicians (our policymakers). We cannot allow our representatives to decide the direction of dentistry; we need to be on the forefront and lead dentistry into the great unknown.

Integrating Technology Into Your Practice

Sukhpreet Kaur, D2015

I had the pleasure of attending a one-hour breakout session on "Integrating Technology Into Your Practice" at ASDA's 43rd Annual Session. During this session, Dr. Charles Hooper covered four important pieces of technology that he believes are key to a successful and competitive practice in today's market. Having taken over his father's practice 8 years ago, Dr. Hooper has spent that time integrating these technologies into his practice.



The first two pieces of technology integrated with digital patient records include intraoral cameras and digital radiography, essential to any practice today. Digital patient records increase accessibility within a practice, available within any operatory or even in another physical location if the patient is visiting another office. Intraoral cameras have recently become more popular in dental practices. As the prices for procedures increase and patients become more informed, they want to be more involved in the decision making. Intraoral pictures help the patient to see cracks in teeth or the clear discoloration due to a lesion so they can 'self-diagnose'. Digital x-

rays are becoming the norm in most dental offices and allow the dentist to have more diagnostic imaging that can be quickly adjusted to highlight certain features if needed. Both digital x-rays and intraoral cameras have shown to increase efficiency in offices that have integrated them into their patient care.

A third piece of technology mentioned to integrate into your practice was the Cerec machine. With this machine, you are able to eliminate multiple appointments and complete a full crown procedure in one appointment, which could be as short as an hour and forty-five minutes. Dr. Hooper, a Cerec user since 2008, mentioned that case acceptance is likely to increase after introducing the Cerec machine to your practice along with the patient experience. You can further the appointment by taking the patient over to the milling unit and showing them their own crown being milled at the office! It is advisable for dental students to try and gain experience in using the Cerec machine. It can definitely make you more appealing to a possible employer if you are already trained in using it. If a certain dental school does not offer the Cerec machine for use in its pre-doc clinics such as VCU, then Dr. Hooper suggested that the if the students cannot afford CE training sessions they might seek some training through shadowing from a

local dentist who is a Cerec user. Most dentists that use the Cerec machine should be registered at cercdoctors.com in case students want to find out who is available in their area.

The last important piece of technology that Dr. Hooper discussed was the Cone Beam Computer Tomography device. The CBCT can be used for endodontics to diagnose missed canals, especially in non-healing endo, for impacted teeth in orthodontics, for inflamed sinuses, and other orofacial problems such as TMD. Dr. Hooper suggested that having a CBCT should help you to diagnose pathology that would otherwise be missed on panoramic radiographs and could be a great addition to your practice.

Although the estimated costs for all this technology are by no means low, integrating even a few could enhance the efficiency and modernize a dental practice. The estimated costs listed are: \$25,000+ for a new computer system, \$1,000-\$5,000 for each intraoral camera, \$5,000-\$13,000 for digital x-ray sensors, \$100,000-\$180,000 for a CBCT machine, and \$130,000 for a complete Cerec system. Although this appears to be a very costly process, according to Dr. Hooper it is likely to yield positive results for any dental practice with increased efficiency and satisfied patients!

A NUM3ER5 G4ME

Jorel Belarmino, DH 2014, Class President

Dr. Scott Culpepper once told me that, “A hygienist’s competence is not solely measured by how proficient he or she is at cleaning a patient’s mouth, but by the ability to educate and motivate the patient to alter their behavior.” As student clinicians, we see a patient 2-4 times per year for their routine cleaning, which averages to about 6-12 hours per year. We all emphasize our exploratory and debridement skills in clinic. We approach the distal line angle of a molar, ensure that the terminal shank is parallel to the long axis of the tooth and employ short overlapping strokes. But even as the best of clinicians, can we really compete



with the numbers? If 2-4 times a year you are providing therapeutic treatment to patient yet, every visit produces the same assessment results or worse, are you really doing your patient justice? That means that roughly 361 days out of the year, bacteria is wreaking havoc in the oral cavity. That’s 8,644 hours of opportunity for plaque-induced gingivitis, periodontitis and caries! As healthcare providers, our foundational goal is to improve the prognosis of ailments within our scope of practice and better the quality of life of the people we serve. Dental hygienists are recognized in their roles as clinicians, advocates, managers and researchers in the prevention of oral diseases but we must not forget that patient education remains a paramount role

in the process of care.

Every instance we see a patient, we have the opportunity to make their life better through education. With bacteria as the villain, prevention through patient education gives us a way to compete. More often than not, dentistry can be a systematic field in which the process of care is simple and predictable; therefore, it’s important that we sidestep the pitfall that is becoming mechanical in our practice. By taking a thorough health history, at the beginning of an appointment, consisting of social, medical and dental aspects we can analyze our assessments and come to conclusions not only based on clinical findings. Using this information, we must then create a rapport with the patient and guide them in making adjustments to better their oral health. If they’re more involved and educated about their oral health, then the likelihood of their compliance at home will increase dramatically. We must continue to promote a healthy mouth and empower patients in attaining their full dental hygienic potential through patient education.

John Maxwell states that, “People don’t care how much you know until they know how much you care.” I encourage you to build a trusting relationship with your patient. Find out what their idea of ideal oral health is. Only then, with a patient involved in the process of care will we, as clinicians, win the numbers game. I challenge you to emphasize education during your process of care...your patient will thank you for it.

Continuing Education Opportunities with AGD

Priya Patel, D2014

This year we had the pleasure of coordinating our ASDA District IV meeting with the NC Academy of General Dentistry(AGD). This was very exciting for me as an AGD member because I was able to learn more about continuing education opportunities. AGD provides opportunities to distinguish you professionally as a dentist with their Fellowship and Mastership program. Dental students can earn up to 50 hours of CE credit while still in school, which counts toward the Fellowship Award. To receive the Fellowship Award, you must

obtain 500 hours of approved CE credit and pass the Fellowship exam. Upon completion you will receive the award at a special convocation ceremony, which is usually held at the AGD Annual Meeting.

AGD members can take their education even further by achieving the Mastership Award, which requires 1,000 hours of approved CE credit. At least 400 of those hours must be in participation courses and 600 hours must be in specific disciplines. In order for CE courses to qualify, they must be PACE(Program Approval for

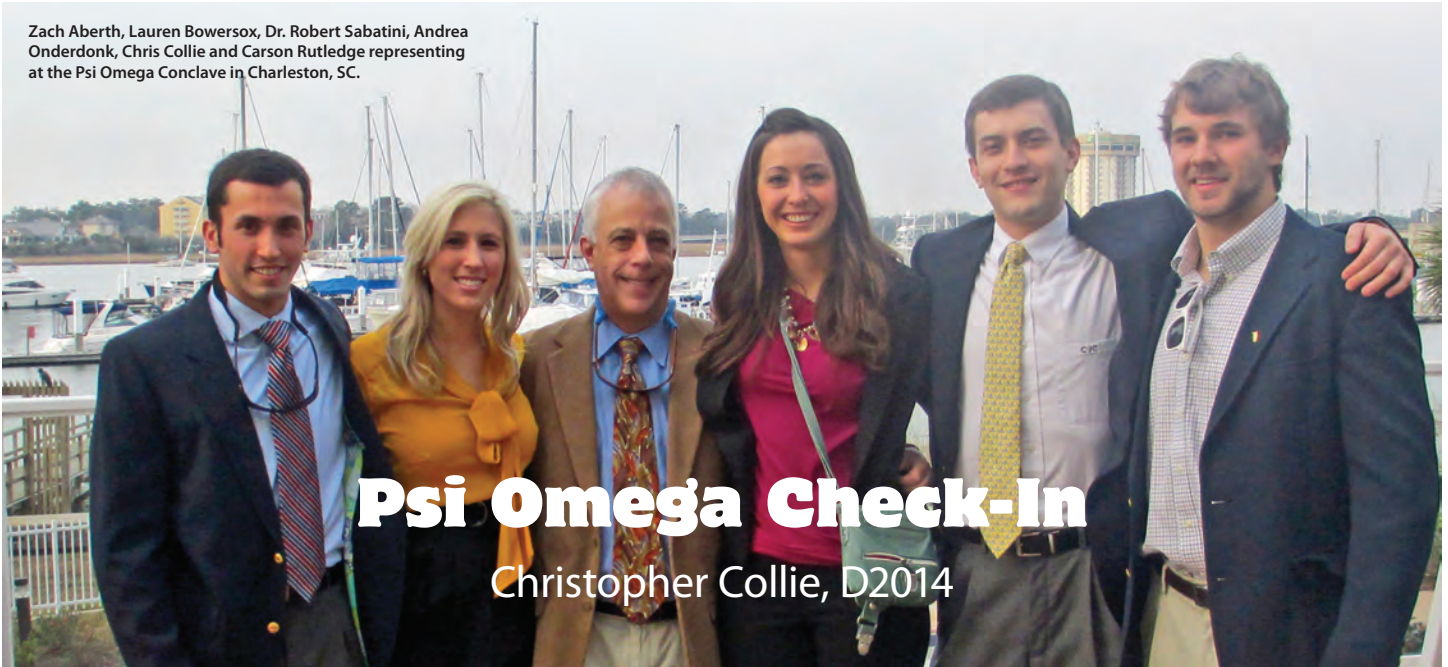


Continuing Education) approved. This ensures that they are a quality CE course because they must adhere to certain guidelines.

AGD also provides numerous benefits for members such as free practice consulting, discount benefits, and practice management tools. Virginia AGD pays for dental students to become members in dental school; therefore right now your membership is free. I encourage student members to sign up for a mentor dentist in their area. You may become a AGD member online or sign up at our annual organizational fair at VCU School of Dentistry.

Please see www.agd.org for more details.

Zach Aberth, Lauren Bowersox, Dr. Robert Sabatini, Andrea Onderdonk, Chris Collie and Carson Rutledge representing at the Psi Omega Conclave in Charleston, SC.



Psi Omega Check-In

Christopher Collie, D2014

This past year has been a truly great one for the members of Psi Omega. An exceptionally bright and outgoing pledge class added 23 new brethren to the family. After many years of devoted service as advisor to the organization, Dr. Robert Barnes has passed on the torch to Dr. Robert Sabatini, who is once again back at school after moonlighting as a goose photographer for National Geographic. Good things were in store this year for Psi Omega.

Every two years, Psi Omega Nationals holds a conference for all the active chapters in the country in Charleston, SC. The National Conclave was an enlightening experience, to say the least. Over the weekend of January 25-27th, 5 brothers and sisters braved impending snowstorms and hit the road to Charleston, where we met and interacted with other fun-loving dental students in chapters from coast to coast. During Saturday's conference, we



participated in presentations from each school's chapter, followed by BBQ on the Carolina waterfront. After dinner, Dr. Sabatini did not disappoint, chaperoning us late into the night as we toured the finer establishments of downtown Chucktown. Seeing how engaged students from both DSD and Psi Omega at other schools were in their respective fraternities was refreshing and provided great motivation

and ideas for us to expand upon our activities here in Richmond.

As philanthropy is vital to the success of any organization, over this past year, Psi Omega has increased its involvement with the CARITAS organization. In conjunction with VCU Medical and Pharmacy students, members of Psi Omega travel to churches throughout the Richmond area performing oral health screenings, as well as distributing dental supplies to the homeless. It also provides a rare opportunity to interact with our fellow colleagues in the other professional schools here on the MCV campus.

Always seeking the best balance of work and play, Psi Omega's annual Tacky Sweater Christmas party arranged the largest and ugliest collection of Onesies and exotic Christmas-wear found outside of a thrift store. Christmas cookies were inhaled, Egg Nog covered the ceilings, and Christmas carols were butchered. At the start of the Spring semester, per tradition, members got dressed in their finest formal wear and joined forces for a Pre-Winter Ball gathering at our makeshift

fraternity house on 12th and Main. With spring weather comes increased motivation to spend as much time outdoors as possible. As such, Psi Omega will be traveling to the Colonial Downs horse race over the first weekend in April. Next on the list is Fan Master's Bar Golf, taking place the weekend of the Alumni Golf Tournament. Never ones to say no to NASCAR, we will once again venture to Richmond International Raceway to partake in the finest people watching in Virginia. Lastly, the seniors we have all come to admire over the years will soon be leaving us, but we will cherish the good times, honoring them at the annual Psi-Onara Senior Sendoff. It will be difficult to say goodbye to the class that has been the backbone of the fraternity for so many years, but rest assured, the future will be bright for Psi Omega.



Psi Omega members Andrea Onderdonk, Erin Sharkey, Elise Hartmann, and Chris Collie with hygiene students giving back at Caritas.



Elliott Katz, Zaid Al-Samir, and Tom Kaiser at the top of the Mayan Ruins of Xunantunich.

An un-Belize-able Experience

Elliott Katz, D2013



Last fall, an email was sent out asking if there was any interest in participating in a mission trip to Belize, sponsored by Grace and Holy Trinity Church Mission Society in affiliation with Project Smile. Zaid Al-Samir, Tom Kaiser and I decided to make this trip a reality. We were to be part of a six-person dental team composed of a pediatric dentist, Dr. Mike Webb, periodontist Dr. David Abbot, and hygienist Ms. Rose Sumrell. All of who would be helping children ages 6-14 that attend St. Andrew's Anglican School in San Ignacio, Belize.

The dental team was just one aspect of the mission. Thirty-one people made up the entire team, including fourteen VCU undergraduate students involved with the church's Campus Ministry Program. Four of these students volunteered to be our dental assistants, all of whom had no prior dental experience. There was also a construction team making improvements to the community center in which we were operating out of, and a vision team doing optical screenings

at the school.

After an easy flight to Belize City and a drive to San Ignacio, we were finally at our destination, Clarissa Falls Resort. As beautiful as it was, don't be fooled by the term "resort". We stayed in glorified tiki huts and were forewarned about cockroaches, tarantulas, and scorpions. Thankfully, we didn't encounter any of these, but I know of at least one scorpion sighting in a bathroom sink.

Our dental school exposure to pediatric

patients is somewhat limited, consisting of four weeks rotation, the majority which is providing cleanings with occasional sealants and restorations. While in Belize, we were able to provide care as we saw fit, working with complete autonomy but often calling upon one another for second opinions; and when it was beyond our comfort level, we had Drs. Webb and Abbot to turn to.

As a team, equipped with six A-dec units and conference tables stocked with donated



Elliott Katz treats a student of St. Andrew's Anglican School in Belize.

dental supplies, we saw 238 children: 117 of who received sealants, 54 had restorative work, and 31 required extractions. The quantity of children seen would not have been possible if not for a team effort. VCU undergraduates escorted the children to the clinic and two group members were responsible for triage and overall clinic organization. Once in the chair, our assistants helped expedite treatment and were fantastic with the children; not to mention they learned how to assist on the fly. Together, this allowed for an efficient and comprehensive pace that permitted us to see every patient we had planned on treating, plus a handful of teachers and adults from the community.

Once the dental work was completed we were able to see some of Belize. We visited the ancient Mayan ruins of Xunantunich. The ruins were only a short trip from the resort and were absolutely breathtaking. We had the opportunity to climb to the summit of the main temple that overlooks the entire site.

Then since the administration felt spring break was no longer necessary, we took matters into our own hands and added a few days of R&R to the tail end of our trip. We explored and enriched ourselves in the culture of Caye Caulker, a small island off the coast of Belize. The island is home to about 2,000 people and is very narrow. Both coasts could be seen at almost anytime just by looking left and right. The people were friendly, the weather was beautiful, and everything operates at island speed...“go slow” is the island’s motto. We snorkeled the Belize Barrier Reef where we encountered fish and coral of all colors, sharks, eels, and stingrays. We kayaked the coast and observed the many entrances of the underwater caves that track beneath the island. One morning a local resident took us fishing on his small boat and gave us the opportunity to catch, clean, filet, and cook our own fish.

The whole experience was wonderful and I hope that this is the beginning of a continued partnership between Grace and Holy Trinity Church and VCU dental students. Next year they will be returning to Belize the week of March 16th, 2014. For further information, the trip organizer, Gregg Beck, can be reached at 804-402-9557 or gregg.beck@thalhimer.com.

Follow your heart...

Sam Bakuri, DMD, BDS,
Perio Resident 2014



During your journey through life there are few important moments that can change your life and its direction. Every time you face one of these moments, a crucial decision becomes a necessity. For me, deciding whether to be a Periodontist or a general dentist was one of these important moments. As a third year dental student, you hear this conversation every day in clinic and everyone has different opinions, all sounding convincing when you hear them.

When I was a third year student at the University of Pennsylvania School of Dental Medicine, I asked this question to literally every single faculty member and did five externships in Periodontal programs to make sure that I would be happy with my decision. After asking that many people, you can imagine the amount of diverse and different opinions I got. Two years later, all I remember from these conversations is this sentence ...Follow your heart...

There is a dental business concept called “Justification of dreams.” It shows that when you specialize, you will incur more debt through student loans. General dentists however, will start making money and paying off their loans right away after dental school. After a few years, when you have completed your specialty training, you will make more money in your first year than a general dentist did in his first year. By ten years’ time of practicing as a specialist, you will have made as much money as the general dentist has made. Then your dream will be justified. Financially, if you want to be a general dentist or a specialist there is no difference in the long run and Dentistry is still one of the most rewarding jobs, even with the sky rocketing tuition fees.

The unique thing about VCU is that all the specialty departments operate like private practices. If you are a first, second or third year dental student and want to make your decision, try to spend some time in the departments that you are interested in. See if you like their life style. At the end of the day, a smile on your face means way more than any zeros added to your bank account balance.

Last Probe of the year...yeesh. I want to thank all of the wonderful D4s who've made my second year in clinic one of the most enriching experiences of my life. I've met some wonderful people and feel



especially proud to call many my friends. This recipe is for you all – may you have a sweet end of the school year and all the best as you move onwards and upwards!

Sheila Daniels, D2015



Brown Butter Cookies, Stuffed with Nutella, Sprinkled with Sea Salt

2 ½ cups all-purpose flour

1 cup (2 sticks) brown butter (recipe follows)

1 tsp baking soda

½ tsp salt

¾ cup sugar

1 ¼ cup brown sugar

2 tsp vanilla

1 Tbs plain Greek yogurt

2 eggs

A jar of Nutella (just eat whatever you don't use)

1 Tbs sea salt (I like using sea salt for these because it has a gentler flavor but Kosher salt would work, too. Table salt would NOT work – it makes them way too salty)



Preheat your oven to 350 degrees. Stick the Nutella in the fridge to firm up. Meanwhile, make the dough.

Mix the dry ingredients in a bowl and set aside.

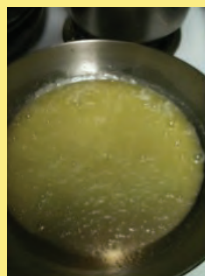
Next make the brown butter, the reason this dough is so delicious. It gives a toasted backdrop to the cookie and is actually really easy to make once you know the tricks. Heat the butter in a large pan over medium high heat. Whisk it and observe the following changes: first you'll see it melt gently, then it'll bubble violently, then the color will begin to darken and turn a caramel-like brown. Take it off when it's darkened slightly but don't wait for the butter to turn really brown – then it will taste bitter.

When you make brown butter you are essentially toasting the milk solids, so you don't want them to burn.

Pour your brown butter into a bowl and add your sugars. Beat this until it looks creamy. Add the eggs, vanilla, and yogurt. Add the flour mixture and beat until a dough forms. Don't over-mix, or it won't

be tender. Chill this dough for about 1 hour – it just has to be firm enough to roll into balls that hold their shape.

Take the dough and roll out 1 ½ inch balls – you can roll them larger if you want bigger cookies. Flatten these into round circles and press a divot in the middle. Spoon about 1 tsp of Nutella into the well and take another pressed out round and place it on top. So now you have a little Nutella-cookie sandwich. Press the seams together (it's okay if a little oozes out).



Notice the color change when you prepare the brown butter.



Bake these for 9-11 minutes. They might be a little soft in the middle, but remember: cookies continue cooking even when they're out of the oven.

Sprinkle on a few pieces of salt and enjoy warm or room temperature for the optimal amount of gooey goodness.

Notes from the baker: I like making double of this recipe and freezing half the dough. Just roll it up in plastic wrap and then in aluminum foil to ward off freezer burn. When you're ready to bake, thaw the dough, slice it, and throw it in the oven.

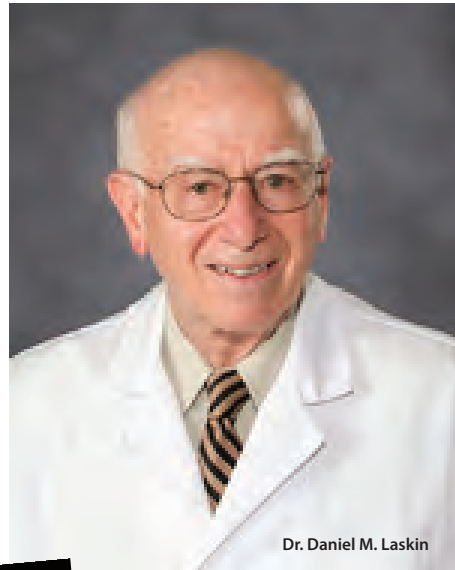
As an alternative option, instead of the Nutella stuffing toss in 1 cup of chocolate chips (I like Ghirardelli). Way quicker and equally delicious.

*Special thanks to Cheyanne Warren for getting me hooked on the idea of these cookies. Adapted from AmbitiousKitchen.

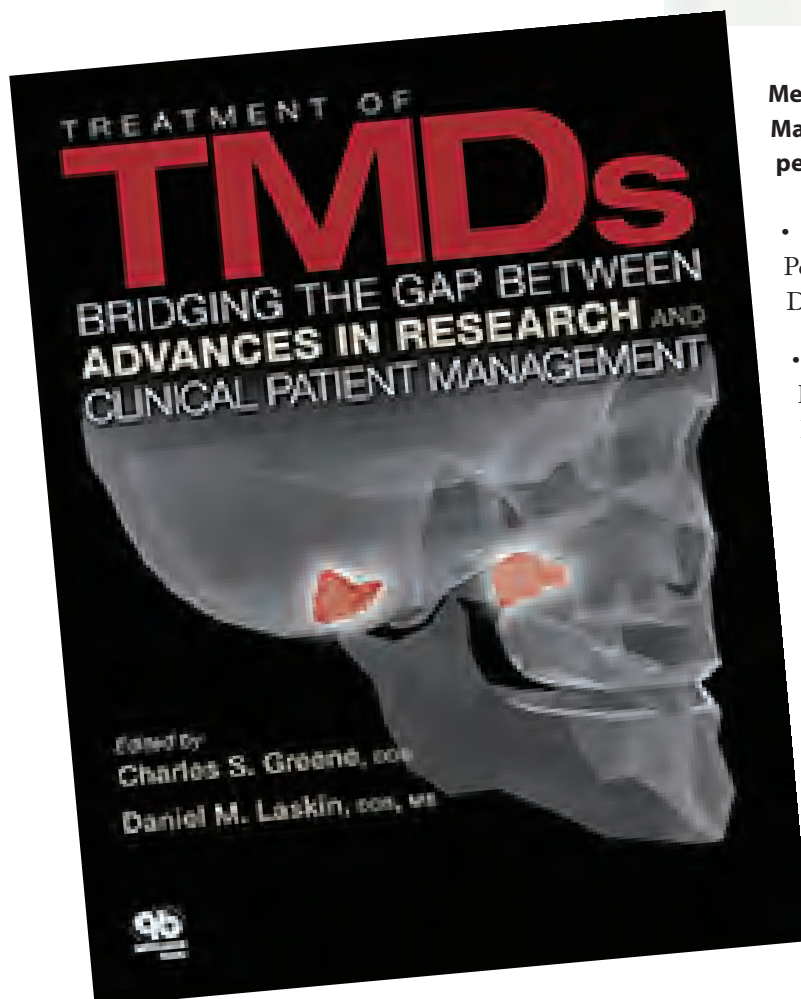
In the Spotlight: Dr. Daniel M. Laskin

Dr. Daniel M. Laskin is the co-editor of a new book published by Quintessence International entitled "Treatment of TMDs: Bridging the Gap Between Advances in Research and Clinical Patient Management." It focuses on the anatomy, biochemistry, neurophysiology, and psychology of the common TMDs. It covers such clinically relevant subjects as the relation of abnormal joint function to joint pathology, how sleep disorders affect facial pain and the role of comorbid conditions in pain response and management. It is designed to bring relevant information to clinicians with which they may be unfamiliar that is presented in medical publications and nonclinical scientific journals.

Dr. Laskin was recently a featured lecturer at the 27th World Congress of the International College of Maxillofacial Surgery in Bad Hofgastein, Austria. He spoke on "Arthrocentesis vs Arthroscopy for the Management of Internal Derangements of the Temporomandibular Joint."



Dr. Daniel M. Laskin



Members of the Department of Oral and Maxillofacial Surgery have had the following peer reviewed publications since January 2013:

- "Oral and Maxillofacial Surgery Residents Have Poor Understanding of Statistics" Best AM, Laskin DM. J Oral Maxillofac Surg 71:227-234, 2013.
- "Odontogenic Infection Leading to Adult Respiratory Distress Syndrome" Bashar R, Laskin, DM, Abubaker AO. J Oral Maxillofac Surg 71:303-304, 2013.
- "Accuracy of Predicting the Duration of a Surgical Operation" Laskin DM, Abubaker AO, Strauss RA. J Oral Maxillofac Surg 71; 446-447, 2013.
- "Application of Current Pain Management Concepts to the Prevention and Management of Postoperative Pain" Laskin DM. JADA 144: 284-286, 2013.
- "Reducing the Burden of Dental Patients on the Busy Hospital Emergency Department" McCormick AP, Abubaker, AO, Laskin DM, Gonzales MS, Garland S. J Oral Maxillofac Surg 71: 475-478, 2013.



The "tak bat" ritual at dawn in Luang Prabang

Laos: An interesting connection from a far away land



Parisa Souvannavong, DH 2013



Dr. Kyle Coble

Parisa:

Almost everyone I meet has trouble identifying where I come from when I say "I am Laotian." The typical response is "Wait, what ocean?!" Most people have never heard of the country of Laos. It's my goal to teach them about the Laotian people and their culture.

Dr. Coble:

Laos is a small country, with a population of less than seven million people. The median age of this young country is 19.3 years. About forty percent of the people are indigenous hill tribes including the Khmer and Hmong people. The other sixty percent is comprised of the Lao people.

Laos is landlocked, surrounded by Burma and China to the north-east, Vietnam to the east, Cambodia to the south, and Thailand to the west. From the late 1960's until 1975, the United States was at war with its neighbor, Vietnam. Both Laos and Cambodia became embroiled in that war. During the Vietnam War, over 260 million bombs were dropped on Laos. That is more than all of the bombs dropped in World War II. An estimated 80 million bombs failed to explode. The countryside is littered with thousands of very dangerous landmines from the war.

Parisa:

My mother was born in Luang Prabang, which is known as the city where the King of Laos resided. In 1972, my grandfather took his family across the Mekong River to the Nong Khai refugee camp in Thailand. This is where they stayed for 2 years before resettling in Oklahoma City, Oklahoma.

My father was born in Vientiane, the capital of Laos. My dad, his twin brother, and younger sister were the only ones to go to the Nong

Khai refugee camp in 1979 and stayed there for about a year. Eventually my dad's family was able to flee to New York sponsored by a family member and later moved to Oklahoma. This is where my parents met.

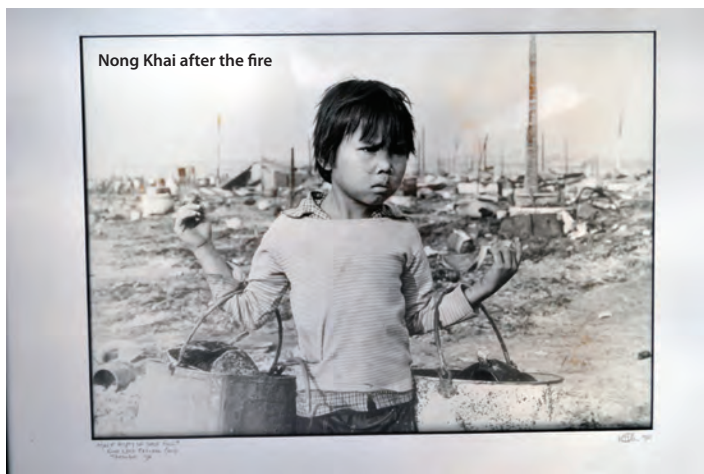
Dr. Coble:

In January of 1980, I volunteered to work in the Ban Vania camp in Thailand, home of many Hmong refugees. The Hmong were hill-tribe people from Laos. There were as many as 45,000 refugees there when I was there. They were recruited and trained by the CIA to fight the Pathet Lao in Laos. The war against the Hmong continued after the U.S. left Vietnam in 1975.

Between 1975 and 1980, thousands of refugees fled Laos, Cambodia, and Vietnam. Most of them sought a safe haven in Thailand. For over a decade, Thailand would become the unintentional protectorate of hundreds of thousands of displaced people. From 1975 to 1996, the US resettled some 250,000 Lao refugees from Thailand, including 130,000 Hmong. Imagine people who lived in small villages in the mountains with no electricity, no running water, huts made of wood and bamboo with dirt floors, no education...suddenly being transported thousands of miles away, to resettle in the U.S. (to places like Oklahoma)!

We volunteers lived in the camp. Our housing was a bit better, but very basic. Every couple of weeks, we could go on about a 45 minute trip to a nearby town, Loei, and enjoy "normal" life. Loei is on the banks of the Loei River. I remember sitting in a little restaurant there, eating Thai food, sipping my Singha, and feeling like I was on a National Geographic adventure.

In 1980 I went to the same refugee camp in Nong Khai that Parisa's parents were at. It was one of the smaller refugee camps, with mostly Lao refugees. The Lao people and the Thai people had a long



history of friendship along the Mekong River, and the camp security was much more relaxed than other camps I visited. It did not have the barbed wire barriers, and heavily armed guards as found in the other camps. The people there were able to go into town, which was adjacent to the camp. Living conditions, however, were not much better than elsewhere. They lived in tightly clustered little bamboo huts, in an open field, with only the belongings they were able to carry during their escape. They, like all refugees, had left behind their property, their jobs, their culture, and their country.

Sitting in a small restaurant on the banks of the Mekong River in Nong Khai, I watched Soviet planes fly towards Vientienne in the distance. I wondered what Laos was like. While I was visiting Nong Khai, it was Chinese New Year. The camp was gaily decorated with Chinese Lanterns for the celebration. Unfortunately, late that night, one of the lanterns fell onto the bamboo, and within hours, the entire camp was in flames. By early morning, nothing remained but glowing bamboo coals. Miraculously, no one was seriously injured. But whatever meager possessions those people had, were destroyed.

Parisa:

Growing up an only child in the United States with two parents that did not speak the English language very well was tough. I grew up very fast deciphering and translating forms, bank statements, and figuring out my own homework at times. No time to learn about “kid” things like swimming or riding a bike. My parents kept me well immersed with Laotian culture. I learned how to make Laotian dishes (my favorite is green papaya salad), read and write Lao, and performed traditional Laotian dances at a young age.

I could not imagine what my parents went through during the communist rule in Laos. My parents choose not to really delve into specific details about that time. Those memories were a thing of the past. My parent’s generation did not regard health care as a top priority. I felt motivated to go into the field of prevention. I remember receiving dental care from the WIC program as a child. I can thank them for saving my teeth.

Applying to college was one of the toughest struggles that I had to go through. I had no family members or older siblings as guides. Most Laotian children that were born in the

US had parents, who as refugees, did not have the opportunity to attend high school or go to college. they really work hard to ensure that their children have the opportunities that they never had.

I have developed a great interest in public health and am very excited about my opportunity to visit Laos after graduation. I will have the chance to unveil the origin and meaning behind my long last name, and piece together my family’s ancestry and heritage. I cannot wait to experience the real food and traditions that my family and I have tried to emulate here in the States. Finally, I have developed a great interest in public health and would like to bring oral health education and prevention to the country of Laos.

Dr. Coble:

In 2008, my wife Rhonda, a dental hygienist, and I got to visit Laos with a medical team, the World Health Ambassadors, out of Northern Virginia. I was finally able to visit the country that was the homeland to the refugees I had worked with in 1980. Our medical team went to sites around Vientiane and then across the mountains to Luang Prabang. It was a challenging and eye-opening experience. The bus ride across the mountains was a combination of beautiful vistas and frightening drop-offs at road’s edge, on a highway barely wide enough for two vehicles to pass!

Laos today, still remains a poor country. It relies on Vietnam for support. Surprisingly, it boasts a growing tourist industry, with almost 1.8 million visitors in 2012. I have heard it described as one of the last “unspoiled” countries in Asia. Rhonda and I would have liked to spend more time in Luang Prabang. There is a beautiful old Buddhist Temple on a hilltop there. If you walk to the top just before dawn, you can watch the most amazing sunrise over the mountains. On the other side, you can see the Mekong River as it flows towards Thailand, towards the Lao Camp I visited in 1980, where Parisa’s mother sought refuge in 1972, and later, her father, in 1979.

The “Tak Bat” ritual, or feeding of the monks, takes place all over Laos, from the cities to the smallest villages. This ancient ceremony is a must experience in Luang Prabang where hundreds of orange robed monks silently walk the streets in the early dawn, accepting offerings of sticky rice from people kneeling on mats along the way.

If you are looking for a unique travel experience offering ancient history, Asian culture, trekking, river rafting, and elephant riding, consider unspoiled Laos!





Elise
Hartmann,
D2015

The rumors are true. The second semester of D2 year has proved to be the beast that they've all warned me about. Some days I needed to be reminded of what exactly I was in school for. Filming videos, drawing genetic pedigrees, dissecting hypothetical situations, pep talks about "soft skills," ...where am I again? With the never-ending list of tasks and tests whirling around in my head, sometimes Si Robertson was the only one who could keep me grounded. But nonetheless you just have to look the beast into the eyes and hope it doesn't eat you alive!

It's been the busiest semester of my life, and I even managed to entertain my parents for a weekend for White Coat Ceremony. White Coat was a pleasant interruption in the chaos, but very short lived. It was refreshing visiting with family and enjoying some time relaxing, but tests still loomed over our heads in the not so distant future. I can always count on my upperclassmen friends for some words of encouragement. "Congratulations, Elise! You are still a student," exclaimed the one and only Andy Coalter. With everything in perspective now, I look forward to forging on to third year and leaving second year behind me, all of it. You can't tame the beast of D2 year, but you can escape it, with a few scratches.

Interested in learning more about periodontics?

Please join us on May 20th, 2013 at 12:15pm (Room: TBD) for our first **Periodontics Student Interest Group** meeting. We will be discussing our plans for the upcoming school year and electing new officers for our new organization! If you are interested in learning more about Periodontics, don't miss out on this great opportunity!

For more information please contact Kandice Klepper: kklepper@vcu.edu or Sindhu Jujjavarapu: sjujjavarapu@vcu.edu

The Power of a Name

Ethan Puryear, D2014

In May 2012, the VCU Board of Visitors quietly voted to remove “Medical College of Virginia Campus” and “Monroe Park Campus” from the diplomas of VCU graduates. While the Monroe Park Campus is mostly indifferent, many students on the MCV campus are strongly opposed to this omission. After a student survey and discussions between the MCV Student Government Association and the administration, a compromise was reached that restored the MCV name to diplomas. All graduating VCU students will receive the new diploma with no distinction between campuses. However, MCV campus students will also have the opportunity to receive a diploma that says “Medical College of Virginia Health Sciences Division.” (see picture)



The purpose of this omission is to further the VCU brand by uniting the two campuses as one Virginia Commonwealth University. But what is lost with the MCV name? The university originated as The Medical Department of Hampden-Sydney College in 1838. It moved into the Egyptian Building in 1844

and in 1854 received an independent charter from the Virginia General Assembly to become the Medical College of Virginia. In 1968, Richmond Professional Institute (RPI), a liberal arts school on what is now known as the Monroe Park Campus, and MCV merged to form VCU. Despite this merger the MCV name lived on for the health professional programs on the MCV campus downtown. It was only in 2004 that the VCU administration pursued a policy to stop referring to MCV and unite the two campuses as one Virginia Commonwealth University.*

While I personally will be happy with any legitimate diploma in May 2014, the MCV name carries with it great tradition. For many students, MCV is the dental school that their parents, grandparents, aunts and uncles attended. In some cases this legacy extends four and five generations. MCV was the only medical school in the South to graduate classes each year of the Civil War and MCV opened the first civilian burn unit in the country in 1947. When you ask dentists at legislative day and other VDA functions they will



The alternative MCV diploma. Students may opt to receive the MCV diploma in addition to the new VCU diploma free of charge. Note the new VCU seal features the Egyptian building, an MCV icon.

tell you that they went to MCV. The MCV name is still widely recognized throughout Richmond and the state of Virginia as an excellent medical institution.

However, if you ask enough people you will hear stories of how MCV was near bankruptcy and struggling with accreditation before VCU was born. There are also stories of discrimination against women and people of color. These stories are not advertised or easily found (at least not by a Google search) and therefore not easily verified.

Our DDS diploma will be one of the most important professional documents we earn. Most will hang it in a visible place in their office or home and it will serve as a reminder of the education that serves as the foundation of our careers. Whatever the MCV name means to you, you will have the chance to keep it on your diploma. And, whether your diploma includes MCV or has VCU only, you can be proud of the education you received here.

For more information on the history of MCV/VCU check out the book “Every Second Counts: The Race to Transplant the First Human Heart” by Donald McRae.

- 1838** The Medical Department of Hampden-Sydney College Opens
- 1844** The Medical Department moved into the Egyptian Building
- 1854** Name changed to MCV
- 1860** MCV becomes a state institution
- 1861-1865** MCV remains open throughout the Civil War
- 1897** School of Dentistry established
- 1947** First civilian burn unit opened
- 1968** RPI merges with MCV to create VCU
- 2010** Dr. David Sarrett is named Dean of School of Dentistry
- 2012** MCV removed from diplomas

*This sentence is from Wikipedia so it may or may not be accurate. All other historical information is from the VCU Libraries webpage that is likely accurate.



VCU ASDA's Predental Committee Chair: A Year in Review

Kandice L. Klepper, D2015

Last spring, when Jamie Yuan (immediate past VCU ASDA Treasurer/Pre-Dental Chair) convinced me to run for her position on the ASDA Executive Committee, I only had a glimpse of what to expect over the next year. With the help of the members of our Pre-Dental Committee and the creativity and inspiration from Alex Barton (immediate past National ASDA VP), our chapter initiated many new opportunities to engage pre-dental students. Our efforts over the past year were honored nationally at the 2013 ASDA Annual Session, where VCU was graciously awarded a Gold Crown Award for "Outstanding Pre-Dental Involvement". This great honor was due to the continued involvement and dedication of our Pre-Dental Committee and its many contributing ASDA members.



We began brainstorming early in the year and established goals to strengthen our chapter by focusing on pre-dental involvement not only

on the local level but also nationally. During the fall semester, we started a scholarship for three pre-dental students interested in representing VCU at the first annual ASDA National Leadership Conference in Chicago, IL. We were honored to award Kristi Ivankov (GMU), Kayla Roe (VT), and Sarah Seckman (VCU) the VCU ASDA National Leadership Scholarship and proud of their participation at the event. As undergraduate students, they had the opportunity to learn more about organized dentistry, ASDA, and participate in invaluable leadership training not only useful to be successful in dental school but as dental professionals.

In addition, our Pre-Dental Committee created its first Pre-Dental Newsletter: The PreDental Explorer, with Reem Alhussain (D2015) spearheading as editor. The publication was released in December 2012 and was made available to VCU ASDA pre-dental members. The newsletter provided valuable insight on becoming a successful dental school applicant. With ten contributions from dental school students and faculty, The PreDental Explorer, received great feedback from pre-dental students and we are looking

forward to publishing our second issue this spring!

This semester, we continued our efforts and organized two focus groups to visit pre-dental clubs at both VCU and Virginia Tech to discuss the importance and benefits of ASDA membership, provide a Q&A session for pre-dental students, and promote our Pre-Dental Day Event. On March 22nd, we were fortunate to host nearly 60 pre-dental students with attendance from over 12 different universities; this year's Pre-Dental Day was a great success! Students were welcomed with opening remarks by Dean, Dr. David Sarrett and immediate past National ASDA Vice President, Alex Barton, who highlighted the importance of involvement in organized dentistry and ASDA as well as the strengths of VCU School of Dentistry.

Pre-dental students were then divided into two tracks depending on their undergraduate year. Track 1 (freshmen and sophomores) attended a Q/A session hosted by Dr. Masters and a panel of dental students which focused



TOP: Pre-dental students from over twelve universities and VCU SOD students gather for a successful Pre-Dental Day.

BOTTOM: The first issue of the PreDental Explorer.

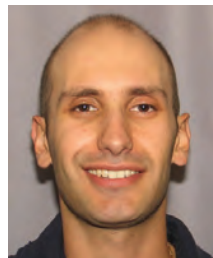
on prerequisites and dental school applications. From there they rotated into a wax-carving lesson and had the opportunity to carve a central incisor. Lastly, the students were given a tour of the dental school including the clinics. Track 2 students (juniors, seniors, and post-baccalaureate) rotated through Q/A sessions hosted by Dr. Sabatini and a panel of dental students, participated in mock interviews, prepped Class 1 lesions in DentSim, and were also offered a tour of the dental school.

Following the rotations, students attended a brief Kaplan Test Prep information session, and then received closing remarks and a Q&A session from Dr. Michael Healy, Dean of Admissions. Lastly, students participated in a raffle event composed of over \$2000 worth of prizes which included: Sonicare Probrushes, OralB electric toothbrushes, DAT Destroyer Combination Pack, Henry Schein Powerbrushes, tooth mugs, and a grand prize of a complete Kaplan DAT Test Prep Course! We received positive feedback from students who said, "I highly recommend attending Pre-Dental Day", and "[I] loved getting to meet and speak with my ASDA mentor. Also, being able to give mock interviews a try was very helpful and encouraging!" Overall, the event was a great success and we are looking forward to using pre-dental student feedback to improve the event for next year.

As I look back over the past year, I am proud of VCU ASDA's Pre-Dental Chapter and its tireless efforts to create opportunities for pre-dental members by increasing student engagement and interest in organized dentistry. I am eager and excited to continue my pre-dental involvement as ASDA's District 4 Pre-Dental Chair this upcoming year. I hope to serve as the liaison for the seven chapters in our district to develop similar events focused on pre-dental member recruitment and retention. For more information about getting involved with VCU ASDA's Pre-Dental Committee, please contact me at: KLKlepper@vcu.edu.



The Medical University of South Carolina (MUSC) hosted the 2013 Area Regional Meeting (ARM) of Delta Sigma Delta over the weekend of Friday, March 1st to Sunday, March 3rd. Andrew Gibson, Justin Mallette and I drove down to join DSD members from MUSC as well as UNC. We were joined by fellow members Priya Patel, Laura Duhring and Alexis Diaczynsky; all representing VCU in the best possible light!



On the drive down, we stopped at the famous stop on the NC/SC line called South of the Border, lured by the numerous "Pedro the Bandito" signs along the highway. It was my first trip to SC and certainly my first time at Pedro's infamous home. The three of us enjoyed South of the Border burritos and beans, ensuring we had enough 'gas' to jet into Charleston without stopping again!

All arriving parties met on Friday evening



at Salty Mike's to rub elbows, swap stories and check out the MUSC bowties (those Southerners!). Everyone was well acquainted by Saturday, when the day started off with a breakfast hosted by the Alpha Beta Chapter. This was followed by an open session in which everyone discussed chapter membership, activities and community services in terms of strengths and weaknesses, and future possibilities.

Saturday afternoon we had an enlightening CE session held by Dr. Mennito titled "Composites & Bonding," followed by a luncheon social. Afterwards, we had a block of free time in which to explore downtown Charleston. It was quite memorable to take in its gentrified Southern charm, grace and architecture. Among the famous landmarks are 18th century houses with 300 year-old Georgian architecture and civil war era buildings. Strolling through Battery Park/White Point Gardens and the expansive Charleston City Market made for a very enjoyable afternoon.

We finished the day off with a great dinner and then a DSD night out during which none of us had a drop to drink (um ... ahem), and of course we only ate and drank dental-healthy foods and beverages! Overall, tried our best make a good impression on our fellow DSD chapters and we feel we succeeded wildly. Now looking forward the 2014 meeting in Chapel Hill at UNC!

(L to R): MUSC DSD president Jessie Suggs, MUSC DSD deputy Dr. Karen McPherson, VCU DSD president Najib Bouchebel, and MUSC DSD member Krista Anderson

(L to R): Najib Bouchebel, Laura Duhring, Alexis Diaczynsky, Andrew Gibson, Priya Patel, Justin Mallette

CONGRATULATIONS



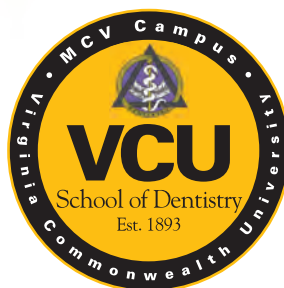
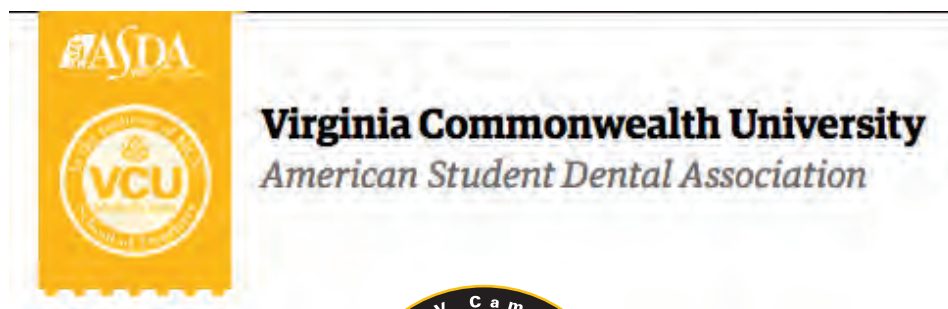
19 babies have been born. 16 classmates are engaged.

CLASS OF 2013!

Over the past
years so much
has happened!



11 Weddings. 3 classmates are expecting.



the
probe

Please submit story ideas, questions, comments or concerns to Andrea Onderdonk at onderdonkar@vcu.edu
Design and layout by Jason Sullivan, cargocollective.com/jasonsullivan.