

# the probe

VIRGINIA COMMONWEALTH UNIVERSITY  
SCHOOL OF DENTISTRY NEWSLETTER

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## DEAN'S MESSAGE

# Academic Integrity – A foundation for Professionalism

Once you lose your integrity, you have nothing left. You can lose your skills. You can lose knowledge. You can lose possessions and still you can recover and make a comeback. If you lose your integrity, you lose trust and you lose the privilege to function as a professional who governs themselves. Ah, to be able govern oneself! What a great privilege - and what a great responsibility.

Governing ourselves in the educational environment is known as academic integrity. Maintaining academic integrity boils down to not cheating. It is really that simple. So why have I selected this topic for my commentary in the Probe? The faculty and the administration have heard, particularly from students, concerns raised that cheating is happening and no one is doing anything about it. Fundamentally, I believe the majority of people live a life filled with integrity and they detest those who do not. As professionals, we have a responsibility to do what is right even when it means it will make us uncomfortable. This applies to our roles as students, staff and faculty members. Who is responsible for stopping cheating? We are all responsible!

Recently the faculty learned from a student's perspective, all the exotic and elaborate ways students can cheat on tests and practical examinations. It was a call out to the faculty to tighten up the test protocols. Steps were taken to create seating charts to help with proctoring and if similar exam answers are detected, the faculty will know



**David C. Sarrett,  
DMD, MS, Dean**

who was sitting adjacent to each other. Thinking this would mitigate cheating, other students came forward and said we need to change the seating chart for every exam because if students know what seat they are going to sit in, they will leave notes in that seat to use during the test. It seems those intent on cheating will find the cracks in the system no matter what. So my question is will those observing others leaving answers in the seats confront the offenders? This is the only effective

means to stop cheaters.

Are there more engineering controls the faculty and administration can implement to mitigate cheating? We can hire more proctors to perform pre and post-examination room searches. We can install technology to verify classroom and examination attendance - like fingerprint scanning. We can hire more proctors to observe during tests. We can move all exams to times when more rooms and laboratories are available to spread out students taking exams - like nights and weekends. We can change all tests to essay and short answer and hire more faculty members to grade the exams

since grading this type of exam is more time consuming. All these actions will likely help reduce cheating and they will also increase the cost of providing an education. Should we dedicate future tuition and fee increases to try to control cheating? In the end, additional controls will more likely lead to more innovative cheating techniques.

Authors and lecturers on ethics tell us that ethical behavior can be strengthened by education and peer pressure. Acting ethically and honestly creates more ethical and honest behavior. It is a learned behavior and repetition improves learning. There are times when people act in an unethical way because they believe everyone is doing it and they do not see anything wrong with it. These people need to be educated on why what they are doing is wrong and

understand that their peers disapprove of what they are doing. Another thing we have heard is students are reluctant to confront or turn other students in because it will destroy their relationship with classmates. Let me analyze this a bit. If you see someone exhibiting questionable behavior, there is either cheating happening or there is no cheating happening. If the person exhibiting this behavior is innocent and has high integrity, they will be thankful you pointed this out to them. It may be an uncomfortable moment, but that will pass. On the other hand, if the person exhibiting the questionable behavior was cheating, there is no need to be concerned about your future relationship with that person. They have lost their integrity and your trust. Losing your friendship is moot. Be mindful that

making a false accusation with malicious intent is equally unethical and harmful.

When it comes to academic integrity, nothing is unclear about cheating being wrong and even cheaters likely know this. Another belief I have is where there is plenty of smoke, there must be some fire. Lately we seem to be smelling smoke. If you are cheating, it is not going undetected. Fortunately we live in a society that you have to be found guilty by a preponderance of the evidence. People are watching, maybe more closely than you may think because they know to convict the evidence must be strong. Multiple eyes and witnesses can strengthen a case. Watching and not reporting is condoning. Condoning an unethical act is unethical itself.

Bring on the peer pressure!

## Letter From the Editor

Welcome to another issue of the Probe! This semester and year sure seem to have flown by. Every year in dental school seems to have its own hurdles. I never realized fourth year could be so crazy with interviews and external rotations. I feel like I'm out of town every week. One of my more exciting trips out of town was to attend my first national meeting, ASDA's National Leadership Conference in Chicago. Over the three-day conference, I attended break out sessions where I had the opportunity to learn more about dental ethics, communication, social networking, and hot issues that are important to us as dental professionals. Some issues discussed were licensure and midlevel providers. It was also a great opportunity to network and meet other like-minded individuals from around the nation. If you have a chance to attend one of these meetings, go for it. There are some great events to look forward to in the upcoming year; Regional 4 district meeting, ASDA Annual Session, and the Hinman Conference. Hope you enjoy the issue and have a safe and happy holiday. See you next year!

~ Andrea Onderdonk, D2013



## CALENDAR OF EVENTS

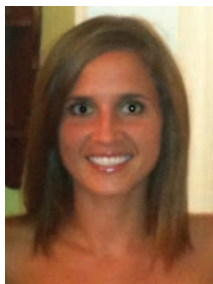
WHEN?	WHAT?	WHERE?
January 4	ASDA National Leadership Position Applications Due	—
January 18	VDA Legislative Day	Richmond, VA
January 19–20	VDA Committee Meetings	Midlothian, VA
February 8	Give Kids a Smile Day	Richmond, VA
February 15–17	District 4 Regional Meeting	Raleigh, NC
February 22	Mirmelstein Ethics Lecture	Richmond, VA
February 22	White Coat Ceremony	Richmond, VA
March 6–9	43rd Annual ASDA Annual Session	Atlanta, GA
March 11–15	D1 and D2: Spring Break	—
March 15–16	Northern Virginia MOM Project	Springfield, VA
March 21–23	Hinman Dental Conference	Atlanta, GA
April 15–16	National Dental Student Lobby Day	Washington D.C.
April 18	Clinic and Research Day	Richmond, VA



## An Old Broad's Perspective

Bri McGuinness, D2013

It's the beginning of the end for the Class of 2013, but luckily Psi Omega will be helping us celebrate our last year in Richmond in style. The year started off with an epic Post Gross party thrown by Psi O for the incoming first years. The party had all of my favorite things; food, drinks, Christopher Collie's beautiful voice singing karaoke, and most importantly, glow sticks.



Our next event was the annual NASCAR tailgate, where wearing mullets is not only appropriate, but also encouraged. It is also a place where brother Wilson can wear his wardrobe and feel at home. The first years really got to see what a class act we are during the organization fair. We served sparkling apple cider and bon bons, dressed up in our fanciest cocktail attire, and showed our elitism while listening to classical music. I'm sure it was the bon bons, because we were able to have 22 new pledges for initiation this year. Sadly I missed this most excellent night, but from what I heard, my class will be leaving the fraternity in great hands. We will be closing this year out with our annual Tacky Sweater Christmas party where you can expect to see at least 3 onesies and multiple sweaters I'm sure my grandma Muriel owns. Hopefully sister Sumner will be able to show us more of her tricks with dental floss again. Psi Omega has been a blast for me these past 4 years, but sadly I soon will have to graduate and start making a ton of money (kidding, not sad about that).

**TOP LEFT:** Psi O members pose before an epic evening of 80's music preformed by the Legwarmers.

**TOP RIGHT:** Zach Aberth, Bri McGuinness and Chis Collie recruiting newbies at the activity fair.

## A Newbie's Perspective

Kristin Coffield, D2016

**Fraternity** (/frə'tɜrnɪtē/): *n.* A body of people associated or formally organized for a common purpose, interest, or pleasure.

As we all know, there are two frats at VCU's School of Dentistry: DSD and Psi O. The dilemma of choosing a "side" or whether to even pledge one of these organizations presents itself immediately as a D1. And as a first year student, we quickly learn



the "purposes" of each: noble philanthropy versus engaging social festivities with some noble philanthropy thrown in on the side.

I first encountered the collective known as Psi O at a Strawberry Hill race in 2010. John Howard was showing us all what it really means to be president of this frat. Phillip, Sonny, Whitecar, Pat Lawrence, and Clay Miller were having the time of their lives. I thought if this is what Psi O is like, I'm sold. Fast-forward two years; I was being inducted into this group that seemed to make those before me so happy.

This time about 20 D1's and 5 D2's were corralled into teams of three. We were then told to tackle a variety of games, and the first trio to finish, won. Thanks to the ingenuity of our Psi O brothers, we fully utilized skills cultivated after many years of practice. The evening nurtured burgeoning relationships and a plethora of inside jokes.

Frotories, frat, honor society, whatever you want to call it, being a part of Psi O, DSD or the organization of your choice is important. Dentistry recruits a unique demographic, the perfect blend of intelligence and personality. These people are the once-in-a-lifetime's, and these organizations allow you to get to know someone you may not have otherwise. Fortunately, Psi O's interests are exactly what I was looking for.



EC Martin with her patient  
and his squeaky clean teeth.



Week 1



# MY JAMAICAN

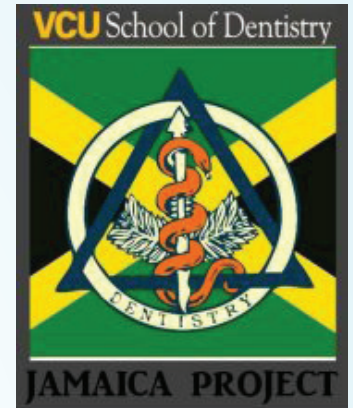


Parisa Souvannavong cleaning up a patient.



Week 2

«I still have not packed for Jamaica,» I told my friends the night before I was flying out. I came home Friday night at 1 am after being away on rotation for two weeks and managed to pack everything I needed for my next eight-day adventure into one small book bag. This consisted of scrubs, bathing suits, a few dresses, a headlamp and notes to study for 3 upcoming exams. October 21, 2012 at 7 am, I boarded a plane and headed to Jamaica with 10 other brave souls from the VCU School of Dentistry. I am a senior in the Dental Hygiene program and it has been my dream to be a dental medical missionary. I had no idea what to expect from this trip other than heavy calculus and beautiful beaches. We all worked very hard but also were able to go on many adventures. We worked every day at Long Pond Clinic from morning until the late evening. My hygiene chair did not lean back so I stood for 8 hours a day and treated patients every 20 minutes. It was hard work! While on our adventures throughout this beautiful country, I saw an 8-foot shark, survived Hurricane Sandy, climbed waterfalls, swam in glistening waters, and made many new Jamaican friends. This trip inspired me to continue pursuing my dreams to serve people by volunteering for foreign mission trips all over the world. I would encourage everyone to go on a trip like this at some point. Go on the Jamaica Project if you dare. You will have an amazing and life changing experience.



**Erin C. Martin (EC), DH2013**

# EXPERIENCE



Week 3



EC Martin, Kristin Hodgson, and Scott Schwartz pose at Long Pond Clinic.



Dean Sarrett poses with some of the children during week 3.





Team Dentistry@VCU cyclists at the 2011 Ride for Jim. No VCU cyclists have ever tested positive for PEDs.

# It Really Wasn't About the Bike: A Lesson on Ethics

Ethan Puryear, D2014

Unless you have been living under a rock the last few months, you've probably heard about the Lance Armstrong doping scandal that stripped him of his seven Tour de France titles. As an avid cyclist and a casual follower



of professional cycling I couldn't help but dive into the story. In one weekend I read the entire United States Anti-Doping Agency (USADA) report on the charges brought against Armstrong.

Then, during our hurricane vacation day, I borrowed Tyler Hamilton's book *The Secret Race* from a friend and read it cover to cover. The details of Armstrong's doping are disturbing and convincing. The testimony alone is staggering. Teams hired doctors that were willing to provide Performance Enhancing Drugs (PEDs) to riders systematically and to all riders on the team. Some of the saddest stories revealed in the Lance Armstrong case are of young riders who were told they could either start using PEDs or they would lose

their spot on the team and be sent home from Europe. Sophisticated methods were used to conceal and transport drugs and avoid detection. But don't rely on testimony alone, Lance's urine samples from the '99 Tour showed traces of Erythropoietin (EPO) (No test was available in 1999 but frozen samples were retested in 2005 once a test was developed) and his blood values in 2009 and 2010 were consistent with blood doping. There is no question that the use of performance enhancing drugs (PED) was rampant in professional cycling in the late 90s and early 2000s and Lance was at the forefront.

However, cycling as a sport has changed. No longer is systematic team-wide doping the norm at the sport's highest level. Drug testing is more accurate and persistent than ever, the cost of getting caught is the highest of any professional sport (First offense: two year ban. Second offense: lifetime ban) and teams engage in independent testing to further ensure their riders are drug-free. But what happened? How did cycling go from a sport where teams were systematically doping all of their riders to a sport where teams now independently test their riders to ensure

that they are riding clean? Despite the fact that it is still possible to cheat in cycling, cyclists and their teams decided they wanted to compete in clean sport and they changed the culture of cycling.

This change started with teams that were outspoken against doping with rigorous internal testing. This has led to the breakdown of what is known in cycling as the omerta. The omerta is a strict code of silence, meaning you do not speak about your doping or your teammate's doping to outsiders. If you are caught, it is expected that you keep quiet about the dirty secrets of the sport. This philosophy was widespread during the late 90s and 2000s and still exists to some extent today. While there have been riders to speak out periodically, testimony in the Lance Armstrong case has been the biggest break in the omerta. Numerous riders came forward to tell the whole truth about their personal doping and in many cases implicated others, namely Lance Armstrong, at the same time. Part of the reason Lance has taken such a hit has been his refusal to admit to doping despite the overwhelming evidence against him.

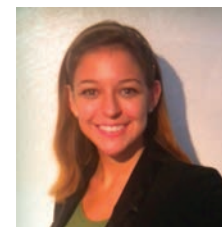
We are all aware of academic integrity issues in dental school and there are a few lessons we can learn from cycling. First of all, there will always be a way to cheat. Top cyclists are subjected to hundreds of drug tests including random out of competition tests and they still find a way to cheat the system. As dental students there will always be a way to cut corners. Given the enormous amount of exams and lab work we complete we can never expect to be fully supervised and monitored, nor should we. It is our choice and our duty as professionals to complete dental school with integrity.

Secondly, we as dental students and eventually as dentists must police our own profession. Once we are in practice our work will largely be seen by no one but ourselves. Our patients generally can't see what we are diagnosing and treating and they do not have the technical expertise to analyze dental problems the way we do. They will be looking to us to provide high quality care with their best interests in mind. We shouldn't look the other way when we think that a colleague is compromising the integrity of our profession. In practice, that would often begin with a conversation with the other person and we should not be afraid to speak up to our colleagues and classmates. This will help create a culture within dentistry (and our school) of integrity.

The third lesson we can take away from the Lance Armstrong scandal is that it is always better to admit a mistake than pretend it never happened. Numerous cyclists have been implicated in cheating recently but Lance Armstrong has by far been hit the hardest. Part of that is because, as the biggest star of the sport, he had the most to lose. However, if he had been honest when given the chance he would have certainly received a more lenient sentence than the lifetime ban and complete loss of titles that was handed down. We've all made mistakes and there is no need to treat our daily lives like a catholic confessional. However, we must recognize when we've made mistakes, take responsibility for them and strive to correct them. We are a self-regulated profession and our colleagues are counting on us to keep dentistry strong and respected by showing the highest level of integrity.



Pre-Dental students at ASDA's first annual National Leadership Conference with Vice President Alex Barton and Chair of the Council on Membership Kyle Beulke.



## My Experience at the National Leadership Conference

Kayla Roe, Virginia Tech Pre-Dental

Ever since hearing about the National Leadership Conference and ASDA at VCU's Pre-Dental Day last spring, I knew I wanted to be as involved as possible. As a pre-dental student, access to resources such as *Word of Mouth*, *Mouthing Off*, and *Legislative Ledger* have exposed me to the many facets of dentistry I didn't even know existed. Being able to attend the National Leadership Conference was just another reason why being a member of ASDA has been such a valuable resource to me.

The two presentations that impacted me the most were "Release Your Inner Superhero" by Ryan Estis and "The Art of Networking" by Chris Salierno. Both of these men were extremely effective speakers who inspired me to be as proactive, enthusiastic and genuine as possible. In Ryan Estis's presentation he revealed his 8 principles of success. In summary, he encouraged all of us to embrace change, help others selflessly, be trustworthy and never give up. Although most of these things seem obvious, they become very easy to forget with busy schedules and exams. I encourage everyone to check out his blog, [passiononpurposeblog.com](http://passiononpurposeblog.com), which is full of insights on leadership development, recruiting leaders and helpful resources.

Chris Salierno, also a moving speaker, was a little more relatable since he is not only a general dentist, but is also a former ASDA national president. Dr. Salierno encouraged us to build strong, meaningful relationships, which would not only help us to advance our own agendas, but also be able to connect people in the future. From Dr. Salierno's presentation I was inspired to not only meet more people, but to also genuinely get to know them and stay in contact. I learned that it's not how often you see someone that forms his or her opinion of you, but the quality of that time that really matters. After Dr. Salierno's speech I began making notes of everyone I met at the conference. This way if I were to see them again or was to run into someone I feel like any of them would be interested in meeting, I would be able to connect them and remember them in the future. Dr. Salierno also has an interesting blog; [www.thecuriousdentist.com](http://www.thecuriousdentist.com). It has a variety of posts ranging from dental implants to practice management. I highly recommend that everyone check out these two blogs as they are full of powerful stories, interesting posts and countless other resources.

I had such a wonderful experience at this conference and hope to attend not only our District Meeting in February, but the Annual Session as well! I hope that this article inspires everyone to attend the next National Leadership Conference!





A few go to the UK but the majority will choose universities in the USA, particularly VCU.

As a matter of fact, Kuwaitis have been studying Dentistry at VCU since 1995, in that year Mansoor Al Ajmi graduated with the #1 ranking in his class. As of 2012, there have been around 65 graduates. When returning to Kuwait to work in clinics, they are known to have the best clinical work in comparison to those who studied dentistry elsewhere in the US, UK or Egypt.

When we first arrive at VCU, most will spend 6 - 12 months on an intensive English Language Program. Consequently, we will take pre-dental requisites along with the DAT but will not earn a Bachelor's degree. GPAs, DAT score, number of hours spent shadowing and the interview determine whether or not we have the opportunity to study at VCU and earn the DDS.

Being thousands of miles away from family for 8 or more years seems like a long time, but for most, this is the dream we have long had. 85-90% of the Kuwaiti VCU graduates return to specialize in strong programs either at VCU or other universities

# Dentists of the Desert

Mohammed Al Ansari, D2016



The first week during orientation, you're sitting down looking at all the different faces. Most, if not all - you have never met before. You then begin to wonder where everyone is from and how he or she got there. Shortly after, Dr. Healy comes in and starts giving the statistics. The majority of students will be from Virginia. Several others are from Florida, Utah, New Jersey, and Kuwait- spot the odd one out?

Why do Kuwaitis come to VCU? Why are they in every class? And where is Kuwait?

Kuwait is a tiny country - the size of New Jersey - in the Arabian Peninsula. It is bordered by Iraq in the North and Saudi Arabia in the South, with a local population of about 1 million.

For the dental students, the journey starts as early as high school. Depending on academic grades, thousands of students all over Kuwait apply for a scholarship to study abroad in countries such as the USA, Canada, UK, Republic of Ireland, Australia, Malta, Egypt and others. Around 10 or less are accepted into the Dentistry Scholarship.

such as Harvard, USC, and Tufts. Most start their own private practices and clinics. «Virginia Dental Clinic» named after VCU, is now owned by 2 VCU graduates. Our very own, Dr. Shaman Al Anezi, a 2001 graduate took a different route. After working 2 years for the Ministry of Health in Kuwait, he returned to VCU for his AEGD residency.

Some graduates are now among the best faculty at the newly opened Kuwaiti Dental School. The head of Oral surgery in Kuwait is in fact a graduate of VCU. Furthermore, students take leading positions in ministries and public health positions. Thus, for many of us, the journey of success commences when VCU welcome us.





# Why You May or May Not “Like” Facebook Marketing

Hanel Choi, D2014

Disclaimer: This article is not intended to promote a particular method of advertisement.



Have you ever been on Facebook and “liked” a page? Even though you may not be involved with Facebook, it’s no secret that it is an increasingly popular way to market a business. Multiple dental-related companies and organizations have a Facebook page, including our very own VCU ASDA chapter, Crest Oral-B, the American Dental Association, and even some private dental practices. It’s obvious that it has a large audience that could translate into a larger patient base.

One positive thing about Facebook is that you could potentially reach all the people that are on Facebook. Geographically speaking, though, only the people living near you are likely to become a regular patient at your dental office. It’s great to use Facebook as a marketing tool because of its current popularity. Also, Facebook *wants* you to use it as a means of advertisement. That means that the company will give you the tools to advertise and it would want to develop better means of advertisement because a part of their revenue depends on those ads.

That’s not all there is to advertising on Facebook, though. The social media company recently came out with a new algorithm

called Edgerank to rank posts to determine which posts get to go on their users’ newsfeeds. From a marketing standpoint, this makes it more expensive to get your name and your Facebook posts to your fans newsfeeds. One way to get your posts seen by your fans is to “Promote” them, essentially paying to have your posts put on your fans’ newsfeeds. If you are thinking about creating a Facebook page, keep yourself updated on Facebook’s policies, as they may determine whether or not you want to advertise on Facebook as compared to other social media sites, like Twitter.

Finally, I would like to share some tips on how to keep your Facebook page current, which I learned at the American Student Dental Association National Leadership Conference from Dr. Sam Weisz, a private practice dentist in Illinois and Ms. Keri Kramer, Communications Director of the Chicago Dental Society.

First, you can ask short questions to engage conversations on your Facebook page. Also, post photos and other content at least three times a week. Nothing is staler than a Facebook page that hasn’t been updated for a week. Another tip is to tell people what you want them to do. For example tell them to “like” your post, or “share” your video. Lastly, be authentic and be patient. It’s going to take time for your Facebook page to generate patients, so sit back and enjoy watching your “likes” pile up.

# America has been licensing dentists this way for years: What is the “big deal”?

Reem I. Alhussain Hamidaddin, D2015

Dental clinical licensure examinations in dentistry have been administered for approximately 100 years in the United States. The debate over the licensure system critiques the validity, reliability, and ethical problems of licensure examinations. While state clinical licensure examinations claim to protect their citizens from incompetent practitioners, many argue “the use of live patients to uncover incompetence is by itself unethical.” Although many question why we should change what seems to be working, our current dental licensure examination is a controversy of ethics, best practices, and accuracy.



As healthcare providers, we are ethically compelled to prioritize comprehensive patient care. Treating patients for only one procedure (usually a small lesion, while other large lesions are present) is against the best interest of patient's health and welfare. In addition, no recall and many times no follow up treatment is available if it is not a patient of record. Drs. Fortman, Meeske,

and Feil address many ethical dilemmas in their article, “Knowledge of Ethical Lapses and Other Experiences on Clinical Licensure Examination.” Results showed that 23.9 percent did not arrange for follow up care for patients even though it was indicated. Eight percent reported knowledge of instances where a lesion was intentionally created; 19.3 percent knew of premature treatment provided for purposes of examination; and 32.5 percent reported knowledge of unnecessary radiographs. What happens to patients of examiners that have failed the licensure exam? In fact, there is no system in place for evaluation or re-treatment. Patients do not receive contact information for pain management. Also, the price of the exam and traveling expenses for patient transportation can be unreasonably high.

The second factor in this controversy is accuracy. The subjective nature of the exam contradicts the potential of an adopted universal standardized exam throughout the U.S. Different states have different exams. The “calibrated” graders are different as well as each patient has different lesions. Does a one or two day- one shot mentality really representative of your work over the last few years? The dilemma remains unsolved. Can we ensure a clinical examination that is not patient based that truly measures a clinician's ability and competence as a dentist in similar to a clinical setting?

In addition, best practices are often compromised in a patient-based examination. Unnecessary treatment of incipient caries is common; a “perfect board lesion.” In addition, the invasiveness and non-preservation of tooth structure is not a “best practice.” For example, you must prep an ‘ideal’ class 2 or 3 with disregard to where the decay is...then ask for deviations.

Regardless of the examining authority or the jurisdiction in which the exam is administered, the American Student Dental Association believes that any clinical licensing examination intended to measure technical skill via a sequence of independent clinical tasks should:

- Be a non-patient based examination emphasizing the recognition, diagnosis, and treatment planning of disease, in conjunction with the treatment of simulated disease by use of a typodont.
- Be administered in the final year of dental school.
- Provide opportunities for remediation, at the candidates' dental school, prior to graduation.
- Guarantee anonymity of candidates and examiners.
- Be administered by examiners who have been calibrated to provide standardized and consistent scoring.
- Not include a written examination that duplicates the content of the National Dental Board Examination Parts 1 or 2.
- Be offered to candidates at the lowest reasonable cost.

ASDA's policy not only encourages a unified licensing system across the nation, but freedom in geographic mobility to many clinicians. This eases a lot of the pressure many dental students face when they are unsure in which state they will practice. Even though regional states share the same testing agencies, distant states across the country do not.

There are many alternatives that are more desirable to the current licensure procedure. These alternatives are becoming readily available in some states. In New York, the first postgraduate residency is offered in lieu of the licensure exam. In 2010, Minnesota became the first state to adopt the Canadian OSCE. States like California has offered portfolio-based examinations. Connecticut dental student delegates had great success petitioning the state dental board to consider a non-patient based exam.

As each day passes, we become overwhelmed with the load of work in dental school and seem to forget the very essence of our profession, service. It's not about just treating a patient's teeth. Please feel free to contact me at [alhussainri@vcu.edu](mailto:alhussainri@vcu.edu) to discuss this topic.



Students representing all classes of dentistry at VCU take part in the VDA's practice management event.



## Proper Practice Management

Kandice L. Klepper D2015

On Saturday November 10, 2012 the Virginia Dental Association's New Dentist and Mentoring Committees sponsored a memorable event focused on practice management. With nearly forty dentists, new dentists, and students in attendance, Dr. John Willhide, the keynote speaker, provided valuable insight into the evolution of his practice and how proper practice management allowed his business to flourish.



Dr. Willhide has been a successful general practitioner for over 35 years and a proud member of the Pride Institute; an organization aimed at providing evidence-based business and professional training. His presentation entitled, "Talking Business: How to Manage a Practice in Growth", emphasized the Pride Institute's fundamentals centered upon personal values and goals. He discussed the importance of SMART goals and acronym for **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**rackable goals that outline a plan for continued practice growth. These goals, along with a definitive vision statement are beneficial marketing tools that provide patients with confidence in the practice/practitioner and ultimately lead to continued growth.

In addition, Dr. Willhide supplied a detailed analysis of his practice's annual plan with the appropriate trend indicators and a "how to" guide to creating an annual plan with confidence. He discussed the importance of an annual plan and how it can be used to enhance practice growth. In essence, an annual plan is composed of profit and loss statements and all expenditures from the previous

year, as well as clinician (dentist/hygienist) planned worked days for the upcoming year that when compiled reveal trends about the practice. With focus on the variance in the trend indicators, Dr. Willhide was able to visualize and correct the discrepancies in his previously projected annual goals.

Throughout the remainder of the presentation, Dr. Willhide discussed more about the Pride Institute's various business models which proved beneficial in managing his practice. He described his scheduling system which was based on ten minute increments, his office policies to ensure staff satisfaction and team performance and also his patient care in which he provides a preclinical interview to understand what is important to the patient and how dentistry fits into their life. It is evident through Dr. Willhide's passion, commitment and presented annual plan that he has an extraordinary understanding of business and practice management as it pertains to continued growth and patient care. For additional information on practice management, Dr. Willhide highly recommends the Pride Institute's, "Managing by the Numbers" course. His practice, Heritage Dental, is located in Fredericksburg VA, [www.heritage-dentalva.com](http://www.heritage-dentalva.com).



# PHOTO FUN

Still finding time  
between all the hard  
work to clown around



Scott Schwartz kickin' back in his fro.



The Woolwine Shuffle. Jessica Thai, Holly Todd, Brant Stanovick, Iry Tak, Dan Tran, Corey Taylor.



Dental Hygiene class of 2014 gets silly.





The Counts and Countesses of GP4.



Rise of the Man-gienist. Our male dental hygiene students Jorel Belarmino, Riaz Ali, and Danny Le.



Even the faculty get involved. Dr. Barnes and Dr. Antinopoulos take part in the Halloween festivities.



# Teeth Tips for the Holidays

Sheila Daniels, D2015

The colder months are upon us and that means storing those fans and breaking out the space heaters, cider mugs, and...oh yes, winter parkas! This time of year is one of my favorites, I have to say, but there are a few things to remember: when it gets cold outside we're most likely to stay inside. On the couch. Living the sedentary life and eating comfort foods which, unfortunately, can be very high in fat.

Let's look at the usual suspects, shall we? Macaroni and cheese, mashed potatoes with gravy, fried chicken, apple pie...you get the idea. Today, I want to share a stew recipe I created last year when I was craving something warm, soothing, and super hearty. It's also actually really tooth-friendly, too – considering many of the ingredients are useful in promoting oral health and in nourishing gingiva.

For example, legumes (as in, soybeans, nuts, etc.) have high amounts of copper.

Copper is an important in the synthesis of collagen outside the cell. Lysyl oxidase uses copper to form collagen crosslinks. Collagen fibers contribute to solid gingival structure and a number of other oral factors. The same is true for zinc, which is found in spinach and mushrooms.

Try and live by the rainbow rule when it comes to eating: the more color in your

diet (and I'm not talking the Cheeto-yellow color), the more vitamins minerals you're incorporating. As the days grow shorter and the weather grows colder, try and balance your cookie cravings with snacks like red bell pepper, carrots and hummus, and pomegranate juice. You'll find that the healthier you eat, the more energy you'll have and the better you'll feel.



## Beef and Barley Stew

### What You Need:

- 2 Tbsp olive oil plus 2 Tbsp butter
- 1 pound London Broil, 3/4 inch pieces
- Salt and Pepper
- 1 large onion, chopped
- 4 medium carrots, chopped
- 8 oz sliced button mushrooms
- 2 Tablespoons minced garlic (4-5 cloves)
- 2 Tablespoons tomato paste
- 1/2 cup Sherry
- 4 cups chicken stock
- 3 cups water
- 1 cup pearl barley
- Pinch of Nutmeg
- 1-2 cups fresh spinach leaves

### What You Do:

Heat 1 Tbsp butter plus 1 Tbsp oil in a large pot over medium-high heat

Season beef with salt and pepper and brown on all sides.

Transfer to a plate.

Reduce heat to medium and add the remaining oil and butter.

Cook the onion, carrot, and mushrooms until golden – stir occasionally so they don't stick to the bottom of the pan (15 minutes).

Add garlic and tomato paste and cook until caramelized, about 2 minutes. Remove from heat and add sherry.

Return to heat, bring to a boil and scrape up the brown goodies from the bottom of the pan.

Continue to cook down until the liquid has reduced by about half – about 5 minutes.

Add the beef and 2 cups of water. Bring to a boil, lower the heat to low and simmer, covered, for 1 hour. Stir occasionally. Add more water if it gets too dry.

Add barley and cook covered for 10 minutes, then uncover the pot and cook until the barley and beef are tender. This takes about 20-30 minutes. Stir in the spinach.

Serve in a big bowl curled up in bed with a good book, a cute movie...or your pharm notes.



# Keeping You Updated: VDA Governance Meeting 2012

Ashley Romine, D2014



The Virginia Dental Association 2012 Governance Meeting took place on September 21-22 in Newport News. Delegates from the 8 component regions of the VDA met to adopt new resolutions for the future of the organization. Additionally, the VDA allocates four voting member seats for dental student representatives. VCU sent eight students, four voting and four non-voting, to represent the interests

of the School of Dentistry. Tarah Coleman, Ethan Puryear, Justin Mallette, and Ashley Romine from D2014, and Jeena Devasia, Jeremy Jordan, Kandice Klepper, and Sukhpreet Kaur from D2015 were all in attendance. Also, Alex Barton, D2013, sits on the VDA Advisory Board as student representative.

The meeting began with Dr. Kirk Norbo officially taking his position of President of the VDA from Dr. Roger Wood. In his opening address, Dr. Norbo established that the overarching theme of the weekend and goal on the VDA was new member recruitment and active participation, especially among recently graduated dentists.

In order to better attract new members, a public relations campaign was proposed. The campaign, based on one sponsored by the Michigan Dental Association, would consist of TV commercials explaining the benefits of seeing a dentist regularly and directing viewers to a website where they could search for VDA member dentists in their area. (See the Michigan ad here: <http://www.youtube.com/watch?v=8Urdmd5bME>)

In addition to providing an advertising benefit for VDA members, the public relations campaign would also serve to counter recent media stories like the “dangers of amalgam”, painting dentistry in a bad light. The campaign will be funded by an additional collection of \$350 per active member per year over a three year initiation and evaluation period. Questions and debate over the issue took place on Saturday and a vote on Sunday passed the measure with overwhelming delegate support. The commercials will begin airing in early 2013.

In addition to the PR campaign, the delegation passed measures that would allow the option for members to pay dues in monthly installments and reducing the discount for Lifetime Active members from 50% to 25%.

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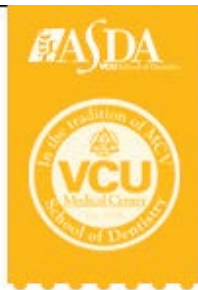
**Want to network with dentists  
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the  
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VCU is sending students to the **101<sup>st</sup> Hinman Dental Meeting** in Atlanta, GA March 21–23, 2013. Registration and many of the courses are free for students. VCU will be providing transportation and subsidizing hotel costs.

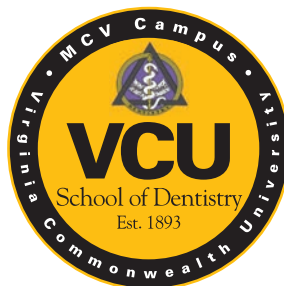
**For more information and a list of all courses visit [www.hinman.org](http://www.hinman.org).**

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