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March

National Dental Student Lobby Day
March 26-27, 2007
Washington, D.C.
Contact Julia Farmer at Julia@ASDAnet.org
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April

Board of Trustees Meeting
April 13 and 15, 2007
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Spring Leadership Conference

April 14-15, 2007
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June

ADA New Dentist Conference
June 21-23, 2007
Portland, Oregon
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August

Annual Session
Aug. 29-Sept. 2, 2007
Fort Lauderdale, FL
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September

ADA Annual Session
Sept. 27-30, 2007
San Francisco
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October

Fall Leadership Conference
Oct. 12-13, 2007
Chicago
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Student Columns

Watch for Signs of Meth Mouth in Patients

Meth mouth is an informal name for the poor oral health seen in many cases of methamphetamine abuse

by Ryan Edmunds, VA Commonwealth '07,
with contributions from Jeff Maurer, VA Commonwealth '07

Imagine that a young and somewhat hyperactive patient sits in your chair for an initial exam and lists as their chief complaint "all the new cavities that have just come from nowhere in the last couple years." The patient claims never to have had a problem with their teeth in the past. An intraoral exam reveals multiple black or dark brown class V lesions and nothing else. The patient thinks it might have something to do with the fact that they drink at least 4-5 liters of Mountain Dew each day, but says that they have to drink it because it is the only thing that makes their mouth stop feeling so dry. What is going on with this patient? How does the patient's condition affect your treatment?

Recent reports from sources as varied as the *ADA News*, *Newsweek* and Oprah have highlighted a growing problem in America—methamphetamine abuse. I had an experience with a patient very similar to the above scenario the day after reading one of these reports and wondered if my patient might be a user. A classmate of mine had a similar experience. I will not recount what happened, but thinking of meth abuse I wanted answers to three questions: what is the occurrence of meth use in Virginia, what dental findings exist for meth abusers and how does my treatment need to be modified when treating a user. I have found some answers to those questions, though they are not exhaustive in scope.

Most arrests and meth lab closures are in the Shenandoah Valley and Southwest Virginia, according to the National Drug Intelligence Center. In a Virginia Drug Threat Assessment report in



Meth mouth symptoms include dry mouth, cracked teeth, gum disease and poor oral hygiene.

March 2002, the center stated that the primary producers of meth in Virginia are Mexican drug trafficking organizations. Shipments are made using private vehicles, express mail and commercial airline couriers. The second largest distributors are outlaw motorcycle gangs. A Maryland-based club, known as the Pagans, is the predominate seller and a number of homicides and kidnappings are linked to their drug trafficking. Though meth use has typically been a problem with young, white males in rural areas, increased sales in urban and suburban settings by the above groups has shown an increased incidence of use by suburban teens and young white collar workers. The national trend is showing large increases in meth distribution and

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An Inconvenient Tooth

by Brad Weinstein, Harvard '08

With the recent DVD release of Al Gore's "An Inconvenient Truth" came a growing awareness about the perils of climate change. In its wake, Wal-Mart began experimenting with green design and pushing sales of its environmentally friendly fluorescent bulbs. Thomas Friedman of *The New York Times* called green the "new red, white, and blue."

Dentistry has long had a turbulent relationship with environmentalists, mostly over amalgam. Still, it's time for dentists to switch from defense to offense when it comes to the environment.

Dentistry contributes to global warming. Nitrous oxide (N₂O), the commonly used sedative in oral surgery, does just that. Concerned dentists may focus on controlling the amount of nitrous oxide that clinicians are exposed to in their operating environments but focus less on the role of nitrous oxide in the global environment. Scott Sherman and Bruce Cullen of the University of Washington Department of Anesthesiology wrote in a letter to *Anesthesiology* that "N₂O traps thermal

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Chew on This

Reflections on Success

Dentistry is one of the great professions of the world. Having slugged through four years of training, I am grateful to those who have gone before me. I am also grateful to my professors who have taught me well, my colleagues who have proven to be such great supports, and my patients for being willing to enter a dental school setting. But I am most grateful to my family who has always sustained me, and during my last year, my dear wife.

As members of the dental profession, we are leaders. While leaders vary in form, their "core elements rarely vary: integrity, courage, vision, commitment, empathy, humility, and confidence. The greater these attributes, the stronger the leadership" wrote self-made billionaire Jon M. Huntsman in his 2005 book *Winners Never Cheat*.

His advice can apply to dentistry as well as to any other profession. We must not beat ourselves up over occasional mistakes. He said, "True leaders ought not worry greatly about occasional mistakes, but they must vigilantly guard against those things that will make them feel ashamed." Of course, repeating our mistakes over and over won't get us anywhere either. When we make mistakes we must correct them, adjust and move on.

"In spite of inspired vision, the purest of intentions, exemplary dedication, and great skills, success is never guaranteed," Huntsman writes. Why, you might ask? The answer can be found in this excerpt: "As a naval officer aboard the U.S.S. *Calvert* in the South China Sea in 1960, I learned this lesson firsthand. My commanding officer, Captain Richard Collum, was a World War II veteran whom I greatly admired. On one occasion, we were to rendezvous the ships of our squadron with naval ships from seven other nations. The *Calvert* was carrying the admiral or, in naval parlance, the Flag. Every ship followed the lead of the flagship.

It was 4 a.m. and I was the officer of the deck...I alone had been given the great responsibility of directing the formation

of the ships during those early morning hours.

At 4:35 a.m., I ordered the helmsman: 'Come right to course 335.' The helmsman shouted back confirmation, as is traditional in the navy: 'Coming right to course 335.'

I thought all was well, but I had not clearly heard his erroneous response. He thought I had ordered '355' degrees, rather than '335.' As we made the incorrect turn, the remaining ships followed. We were off course by 20 degrees...

Learning of the debacle, Captain Collum came running to the bridge in his bathrobe and immediately took over, relieving an embarrassed young lieutenant. I was devastated. The 42 ships in our squadron took several hours to realign. Later, when the seas were calm and order had been restored, the captain called me to his cabin.

'Lt. Huntsman,' he said, 'you learned a valuable lesson today.'

'No sir,' I responded, 'I felt a great sense of embarrassment and I let down you and my shipmates.'

'To the contrary, lieutenant, now you never again will permit such an act to occur. You will stay on top of every order you ever give. This will be a life-long learning experience for you. I am the captain of the ship. Everything that happens is my responsibility...'

I learned then and there what it means to be a leader. Even though the commanding officer was asleep, my actions were his actions. I also learned another lesson: by reassuring a young lieutenant that he still had the captain's confidence, he extended hope for the future.'

Within the field of dentistry there are countless opportunities for us to lead, to learn from our mistakes and to help others as we've been helped. Whether we take advantage of these opportunities is up to us. Henry Ford said, "Success is always hard. A man can fail easily; he can succeed only by paying out all that he has and is." Wishing you all the success and happiness possible. ♦



by V. Wallace McCarlie,
Las Vegas '07,
Contributing Editor

Opinion

Anesthesiology and the Dental Student

by **Mort Rosenberg D.M.D.**, Head, Anesthesia and Pain Control, Tufts University School of Medicine

Dentistry was already an ancient profession when Hippocrates and Aristotle wrote about it during the Golden Age of Athens. The father of medicine and the great philosopher/teacher described the eruption pattern of teeth and the treatment of decay, along with gum disease, the extraction of teeth with forceps and the use of wires to stabilize loose teeth and fractured jaws. What they also recorded was the pain associated with dental pathology and the pain related to any dental procedure. For centuries, the horrors associated with dental treatment have echoed through literature, folk tales and practice and still reverberate in many of our patients.

It was the demonstration of nitrous oxide by Horace Wells in 1845 and the introduction of ether anesthesia by William Morton, two dentists, under the great dome at Massachusetts General Hospital in Boston that gave mankind one of its greatest gifts - the ability to achieve anesthesia for medicine and dentistry. Along with the germ theory, vaccines and antibiotics, the discovery of anesthesia ranks as one of the greatest achievements in medicine. It is the legacy of Wells and Morton that laid the foundations of pain control in dentistry and allows properly trained dentists to utilize all of the modalities available to provide safe and effective pain and anxiety control for dental patients.

These are many patients who cannot assess dental treatment with the use of local anesthesia alone. These include patients who are mentally challenged adults or preoperative children, and the high percentage of the population who are phobic and terrified of the dental environment.

Pain and anxiety control in dentistry ranges from the use of behavioral techniques and hypnosis, local anesthesia, oral sedatives, nitrous oxide-oxygen sedation, parenteral (e.g. intravenous or intramuscular) conscious sedation to deep sedation and general anesthesia.

Some dental schools offer special programs to motivated predoctoral students in advanced sedative techniques. Specialty programs such as periodontology and pediatric dentistry often teach conscious sedation and in some cases, deep sedation. Oral and maxillofacial surgical residents via in-hospital anesthesia rotations and the use of conscious, deep sedation and general anesthesia in their routine surgical practice become proficient in these modalities. For those dentists who wish the most advanced training in the entire spectrum of sedation, anesthesia and pain control, there are two-year dental anesthesia residency programs available at leading universities across the country. Many of the graduates of these programs provide anesthetic/sedative care for other dentists, become operator/anesthetists or dental

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Dear Laura,

One of my patients recently had a baby, and wanted to know about fluoride supplements for her

daughter. I know it's been in the news lately, but what are the current guidelines for infants, fluoridation, and bottled water? Where can I read more on the topic?

—sweettoof08

Dear sweettoof08,

You're absolutely right—infant fluoridation has been a hot topic lately. The ADA has provided guidelines on their website (www.ada.org), as well as helpful information for patients from birth to 12 months.

We all know that fluoride is essential in preventing tooth decay. How much should you prescribe your patients? The answer depends on many different factors. Start by asking the following questions: How old is your patient? Do they live in a cold or hot climate? Naturally, people in warmer climates will drink more

water on a daily basis. Is their water fluoridated at all? If so, how much? With the optimal fluoride level around 1 ppm, we must decide if supplementation is necessary.

In addition to all these pertinent questions, we now have a framework for infant fluoridation. Why the sudden interest? In March 2006, the National Research Council (NRC) published a study entitled "Fluoride in Drinking Water: A Scientific Review of EPA's Standards." The report suggested that infants might receive a greater than optimal amount of fluoride. This can occur through liquid concentrate or mixing fluoridated drinking water with powdered baby formula. Since their teeth are still developing, infants may be susceptible to enamel fluorosis.

More research is needed, but the ADA has provided interim guidance for professionals and patients. According to the American Academy of Pediatrics, human milk is recommended for all infants, unless harmful to the child. If the infant is formula fed for the first

12 months, parents should use "ready-to-feed" liquids. With these pre-mixed solutions, infants will not exceed the optimal amount of fluoride. For powdered infant formula, the ADA advocates the use of fluoride-free or low-level fluoride. Tell your patients this includes any water labeled purified, demineralized, deionized, distilled, or reverse osmosis filtered water (www.ada.org). Bottled water is also acceptable; just make sure it does not contain fluoride! Reassure parents that occasional use of optimally fluoridated water will not significantly increase their child's risk for fluoride mottling.

If parents have additional questions on infant fluoride, they should ask their dentist, pediatrician or family physician on the best course of action. Remind patients that the ADA still supports community water fluoridation as the number one public health program to prevent tooth decay. Advocated by the Centers for Disease Control and Prevention, fluoride is also recognized as one of the greatest public health achievements of the 20th century. ♦

...Anesthesiology from page 2

educators. Clinical competency in some of these techniques may be obtained through continuing education programs.

For pre- and postdoctoral dental students with interests in any area of pain control in dentistry, The American Dental Society of Anesthesiology (ADSA), is an organization that welcomes you. The ADSA exists to promote, protect and advance the art and science of pain control in dentistry. This extends over the entire spectrum of pain control options from local anesthesia to enteral sedation, from general anesthesia to issues of postoperative pain, from patient evaluation to monitoring, from the treatment of patients with specific medical issues to considerations of the pediatric, geriatric and special needs populations. Our membership of over 4,000 U.S. dentists dedicated to serving the needs of both the profession and the public and encompasses and embraces general dentists, all of the dental specialties and dentist anesthesiologists through quality educational programs for all dentists at all levels of the sedation continuum.

Of special interest to ASDA members, other dental students, and residents, we offer a reduced membership student category for just \$26 a year. This entitles you to receive our journal, *Anesthesia Progress*, the only peer reviewed journal totally devoted to topics related to sedation and anesthesia and dentistry, and *The Pulse*, our comprehensive newsletter that offers clinical insights, editorials on important issues of the day, medico-legal advice and much more. Student and resident members are encouraged to attend our annual meetings at locations such as Monterey 2007, Puerto Rico 2008 and Key Biscayne 2009 and attend the excellent didactic programs and network with practicing dentists and other students. Courses on specific topics such as enteral sedation, pharmacology, monitoring, complications and other reviews by national experts are also given at locations throughout the country during the year. Tuition for these multi-day meetings is only \$75 for students

members. Simulation technology is the wave of the future for acquiring clinical competency in many medical and dental specialties. The ADSA is the leading the way in developing courses utilizing advanced, realistic simulation technology to help our members diagnose and manage emergency situations using real life scenarios.

The American Dental Society of Anesthesiology, in order to promote interest in the use of sedation and anesthesia in dentistry, also sponsors the Horace Wells Senior Dental Student Award. This award is offered at every dental school in the country to recognize a graduating senior dental student who has been outstanding in this area. Dental students are encouraged to participate in the ADSA Dental Student Essay Award. This \$1000 cash prize as well as travel to the ADSA Annual Session is awarded to the best essay on topics related to anesthesia. A similar award is offered to post-doctoral students and residents.

To encourage research in anesthesia, matriculated dental students are also eligible for a research award sponsored by the American Dental Society of Anesthesiology. The research must be completed and a suitable manuscript describing the research must be submitted by Nov. 1. The first place award is \$1,000 plus travel and lodging expenses to the ADSA annual meeting. The work is presented at a general session and prepared for publication. To foster young investigators in the field of pain control, grants of up to \$25,000 are awarded through the ADSA Anesthesia Research Foundation.

The American Dental Society of Anesthesiology, through its many programs and publications, is committed to the advancement of sedation/anesthesia and pain and anxiety control to help patients access dental care. Students are the future and lifeblood of our society and we welcome your presence, energy and interest.

Please feel free to contact us and visit our website: ADSAhome.org or e-mail adsahome@mac.com. ♦

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...Meth Mouth continued from page 1

use and this appears to be the case in Virginia as well. To date, there have been 46 meth labs discovered this year in Virginia. The problem is large enough that Governor Warner signed a law on Sept. 1, 2005 requiring pharmacies to hold all medications used to make meth behind the counter. The State Assembly will be considering numerous anti-meth bills during the upcoming session.

Meth is becoming such a problem because it is relatively simple to manufacture and requires only common items. Among these items are pseudoephedrine, red phosphorous from match boxes, campstove fuel, ether, freon, iodine tincture, battery acid, brake cleaner, starter fluid, and lithium from batteries. The deleterious oral effects of intaking these chemicals include long-term acid challenges and decreased salivary flow. Those taking meth complain of

having a dry mouth and appear to have a craving for high-calorie carbonated beverages. It is not rare for a meth user to drink a 12-pack of soda each day to combat the decreased salivary production. The drug has an effect that can last as long as 12 hours and users frequently have poor oral hygiene. Decreased saliva, increased sucrose and poor hygiene result in rampant and rapid decay frequently displaying as black and crumbling class V lesions, similar yet exaggerated in appearance to those seen in elderly patients taking xerostomic medications.

So what happens if you suspect your patient is on meth? Meth is a central nervous system stimulant that can cause brain damage, psychotic behavior, hypertension, arrhythmias, vomiting, nausea and diarrhea. Meth works by increasing dopamine levels in the brain, much like cocaine does, but lasts much longer. Meth also shares other mechanisms with cocaine.

Dentists should be very cautious when dealing with a suspected meth abuser and should talk with the patient about potential complications (such as myocardial infarction in the dental chair). If a dentist plans to use any anesthetic or nitrous oxide, he or she should proceed with caution because of potential drug interaction (meth last for up to 12 hours in the bloodstream).

The dentist's role with a chronic meth user should be preventive in terms of caries and supportive in aiding the user get help for his or her problem. A thorough oral exam with dental and medical histories is necessary. The patient needs to be educated on the harmful effects of drug use and encouraged to contact a local clinic, physician or rehabilitation center. Topical fluoride and consumption of water instead of sugar beverages is imperative. ♦

...Environment continued from page 1

radiation...contributing to the 'greenhouse' effect... [and it] destroys ozone through a series of chemical reactions." While they acknowledge the benefit of nitrous oxide in clinical practice, they offer some suggestions for its regulation, including the installation of nitrous oxide scavenging machines and the use of low-flow anesthetic technique.

Dentists should apply the same concern to all materials they use. Students should ask: how can this material be used appropriately so it doesn't harm the environment? Dental office lead, found in intraoral radiograph film packets and lead aprons, is used to protect patients from excess radiologic exposure. Yet we would be doing our patients an additional service by choosing to dispose of this lead properly. A 2003 JADA article addressed this issue, recommending that a recycler licensed to handle lead waste be involved in disposal of these products.³ Digital radiography is another option for our future dental practices.

Other substances are of equal environmental concern. A 1998 paper titled "Dental Practice and the Environment" lists, in addition to those mentioned, disinfectants, etchants, monomers, clinical waste, x-ray processing solutions, and various drugs as potential environmental hazards.⁴ Like lead, the greatest concern about these products is what happens after dentists use them. "It is unacceptable to simply dispose of any liquid or material containing hazardous or toxic substances by pouring, or flushing them down a sink or drain," warn the authors. They point to the deleterious effects of hazardous chemicals on organisms used to treat waste, and the potential for explosions if flammable substances are disposed of incorrectly. They also advocate adhering to the basic tenets of environmentalism: reduce, reuse, and – where recycling is impossible – recover.

Applying these tenets to your own situation is a good start at making dentistry more green. There are other ways to do this as well. You can perform an environmental audit of your school or practice, determining where energy

and water can be saved, waste can be avoided, and materials can be recycled or recovered. You can contact your local water resources authority for information about proper disposal of potentially harmful products. And you can ensure that you follow all regulations set forth by local authorities, as well as those advocated by the ADA Council on Scientific Affairs. By becoming educated about their profession's footprint on the environment, dentists can advocate fair legislation and avoid battles similar to the ever-present amalgam debate. To echo Thomas Friedman, when it comes to teeth, green is the new white. ♦

1 The New York Times. Dec 22, 2006.

2 Sherman, S, and Cullen B. "Nitrous Oxide and the Greenhouse Effect." *Anesthesiology*. V 68. No 5. May 1988. 816-7.

3 "Managing Silver and Lead Waste in Dental Offices" ADA Council on Scientific Affairs. *JADA*. V 134, August 2003. 1095-6.

4 Wilson et al.. "Dental Practice and the Environment" *International Dental Journal*. Vol 48. No 3. 1998. 161-6.

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Access the Online British Dental Journal for Free

The *British Dental Journal* is offering free access to its online journal to ASDA members for six months. After assessing interest level, ASDA will decide if further arrangements should be made for continued access. To access, go to www.asdanet.org/lounge/ and click the **British Dental Journal** link at the top.

Is your chapter participating in a Give Kids a Smile event?

Have it featured in an issue of *ASDA News*! Send a one or two paragraph description of the event along with photos to Jen Swanson at Jen@ASDAnet.org. Submissions must be received by March 26!



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Meharry Professor Focuses Career on Serving Others

by Porchia Willis, Meharry '08

Dr. Daphne Ferguson-Young is a professor at Meharry Medical College School of Dentistry and a class of 1979 alumnus. Dr. Young was born and raised in North Carolina and graduated from North Carolina A&T with a degree in biology. She received a Master's of Public Health degree in 2006 and she is currently a member of the United States Air Force Reserves. Her affinity for dentistry at Meharry was molded by her mentor, Dr. Richard Bennet. She entered the post-baccalaureate summer program at Meharry, and was later accepted into the dental school. During her years of dental school, she became interested in public health. She was a part of a class that included 12 female students, the largest female ratio in Meharry's history at that time. Since graduating from Meharry, she has worked for 13 years in a public health facility focusing on her passion of serving the underserved, uninsured and underinsured. Her vision is to work with patients that fit this model not only in America, but worldwide, thus following the mission of Meharry Medical College, "Worship of God through service to mankind."

Q: How do you alleviate the stress of dentistry?

A: Life in general is stressful. When my generation graduated from dental school, we didn't graduate with \$200,000 debt, but we also didn't have loan repayment. It's important to work and leave work at home. Keep your life balanced, have a personal life and have fun. Instead of starting with a million dollar home, you need to start at a certain level and then move up. Don't live from paycheck to paycheck and don't live up to everyone's expectations. The great thing about dentistry is that you can always reinvent yourself. For example, if you find that you don't like chair side, then you can get into business, academia, contract, CDC and many more opportunities.

Q: What made you recently pursue a MSPH degree while teaching?

A: I actually wanted to pursue a master's degree after graduating from undergrad, but I didn't get accepted. Yet, I got accepted into dental school, which is why I delayed that particular goal. I am a single parent, balancing a career and still trying to be active in the community. My priority has always been my son because if I laid the foundation for him, then everything would work out. I will not put my career in the hands of someone else. I enjoy being a leader. I like people, and I enjoy making a difference.

Q: How has your experience been as a dentist in the United States Air Force?

A: I actually joined six years ago. My most memorable experience is spending time in Iraq for three months in a war zone. This was a very surreal experience and I had to mentally disconnect and realize that I may or may not get back home or come back the same. However, I was providing service for members that were truly putting their lives on the line for us. I feel extremely proud of the service I provided and being able to make a difference.

Q: How would you like to see students and faculty improve in dental school?

A: Definitely time management. When you are in undergrad, you are able to pick and choose your schedule the way you want it. However, professional school is more controlled, and you are going to school from 8 a.m. to 5 p.m. You are bombarded with assignments, and somewhere you need to find the time to eat, rest and study. No one teaches you how to balance everything, which is essential in professional school. Also, what I've noticed is that students are not reading as they should be. Students need to read and pre-read, which again goes back to time management. I think that a problem students have with faculty is teaching techniques. Just because a person has a D.D.S. degree does not automatically mean they are able to teach. Everyone has a different learning style, and faculty without a teaching background need to learn how to teach students with different learning styles. We must find ways to give dentistry to better



prepare students for national board exams and licensure exams. Schools should be challenged to make sure faculty is able to teach 21st century students. With this in mind, faculty need to use technology more, for example, utilizing Blackboard.

Q: How do you think we can increase student participation in organized dentistry?

A: Local chapters need to be more involved in dental schools. Things that can be done to open communication lines with students are round table discussions, adjunct mentoring programs or wine and cheese socials at the beginning of the school year. These are just a few examples. Organized dentistry can serve as a resource of networking that connects students with various opportunities, more specifically, financial support through scholarships.

Q: Any words of encouragement to dental students?

A: You are not where you are by chance. You have a life mission. There will be challenges that you will encounter, but never give up your dreams! ♦

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A Sneak Peek Into This Year's Lobby Day Issues

by Lindsey Krecko, Stony Brook '08,
Consultant on Legislation

National Dental Student Lobby Day is scheduled for Monday, March 26 and Tuesday, March 27, at which time dental students from across the country will travel to Washington, D.C., to lobby for issues that are important to our future profession. The ever-changing nature of Congress does not allow for pinpointing the exact issues very far in advance, but we have identified two potential issues which could be at the forefront of our lobbying efforts.

Meth Mouth Prevention and Community Recovery Act

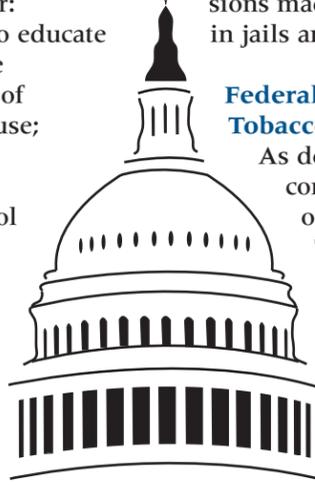
The use of the drug methamphetamine is on the rise in the United States. It is a highly addictive stimulant which poses serious health risks to the nervous system, cardiovascular system, respiratory system, and wreaks havoc on the oral cavity. Since the number of meth users has increased, dentists have been seeing an increased number of patients with a particular pattern of rampant tooth decay known as "meth mouth." Even dental students have

encountered patients with "meth mouth" in our dental school clinics. The ADA has authored a bill called the "Meth Mouth Prevention and Community Recovery Act" with the goal of addressing this problem. If enacted, the ADA's bill would specifically provide for:

- ✓ a media campaign to educate the public about the harmful oral effects of methamphetamine use;
- ✓ a grant program to educate elementary and secondary school students about the oral health risks associated with methamphetamine use;
- ✓ enhanced training for dentists and staff to better identify, interact with and effectively treat methamphetamine-dependent patients;
- ✓ enhanced research examining all aspects of methamphetamine-related tooth decay, including its causes, its public health impact, methods of prevention and improved methods of treatment;
- ✓ grants to address the undue

burden incarcerated drug offenders place on oral health programs in correctional facilities as they require extensive dental rehabilitation;

- ✓ a study to determine to what degree methamphetamine use affects the demands and provisions made for oral health care in jails and prisons.



Federal Regulation of Tobacco

As dental students, we are committed to improving our patients' oral health. This includes early detection and prevention of oral cancer and other diseases which are related to tobacco use, from both the cigarette and chewing tobacco forms.

Approximately 30,000 new cases of oral cancer are diagnosed each year in the United States. Tobacco products, however, are exempt from the type of regulation applied to almost all other consumer products. The tobacco industry is neither required to test additives for safety nor take any action to make their products less harmful or addictive. They are also

not required to disclose to consumers the content of their products. Congress affords no other industry this degree of special protection, and it is long overdue that legislation be introduced providing the Food and Drug Administration (FDA) with the authority to regulate the manufacture, distribution, and sale of tobacco products in an effort to protect the public health. It is important to empower the FDA with the ability to crack down on illegal sales of tobacco products to children and as well as to restrict advertising and marketing campaigns which appeal to children.

Our lobbying agenda will support efforts to make legislation regarding these two substances, methamphetamine and tobacco, a priority for this session of Congress. Please check the ASDA website the week before the conference for more background and updates on the issues. We look forward to a strong attendance at National Dental Student Lobby Day! ♦

Special thanks to the ADA Council on Government Affairs for providing the background information on these issues.

ASDA Leader Column

The Rush of the National Board Exams

After endless hours of studying, you've finally had it with the coffee. At least, you know there is no way any more information can be retained before the test. Your brain is on overload and you are prepared to tackle your National Dental Board Exams.

As if preparing for the boards isn't hard enough, you contemplate what exactly the test will be like. Who will sit next to me? Will I be able to concentrate? Will I wear the headphones? Should I take a jacket in case it's cold? Should I have spent more time on pharmacology? That's only naming a few of the questions that crossed my mind as I drove to the first day of the NBDE Part II.

I arrived at day one ready to be tested. I sat down and completed the questions...no problems. I left the testing center, headed home to try to relax, look over a few more cases for day two, and return to take the second day. However, at

the time I scheduled my exam online, the second day was booked at the testing center. I thought to myself, easy enough, I would just schedule my second day at a different testing site. So I did. No complications, no error messages. I was scheduled at a different site for day two.

After I left the testing site for day one, a friend informed me that it was not possible for a candidate to take NBDE Part II at two different testing sites. Confused and frantic, I immediately called Prometric. After speaking with their representative, I was informed that my test scores would be null and void since I was taking the NBDE Part II at two different testing centers. Even more panicked, I contacted the Joint Commission on National Dental Exams (JCNDE) and my



by Brooke Loftis,
San Antonio '07,
President

fears were somewhat relieved when they told me not to worry. As long as Prometric could retrieve my scores, everything would be fine. As if taking the test is not stressful enough, I now had to worry about my scores

counting, not to mention the long hours of studying and time I had already invested in this National Board Exam. I tried not to think about it and traveled to the different testing center on the second day to complete my exam. No problems again—the test downloaded and away I tested, completing the exam.

Still concerned, I reconnected with the JCNDE the next day in hopes they would have good news. I spoke with Kathy Hinshaw, Manager of Test Administration, and she reassured me that my test would be scored appropriately.

After quite a rush of emotions over two days, it was great to speak with someone who was able to relieve my worries and give me hope that everything would work out. And it did. My test was scored and I received my grades promptly. Since then, the JCNDE is attempting to find a way for students to in fact take the test at two different testing sites if similar scheduling conflicts occur.

Taking National Board Exams can be quite an emotional and stressful time. It is great to know that the JCNDE is really on your side during the process. Even though all of the kinks in the system may not be ironed out, I assure you that the JCNDE is working hard to make it a pleasant experience for all dental students. Keep studying hard and if you have any concerns or questions regarding specific testing protocol, please contact the JCNDE directly at 312-440-2676. They will be happy to help you get through it! ♦

ASDA's 2007 Editions of the Postdoctoral Guides Coming in April

Check ASDAnet.org soon for details

ADA's Reduced Dues Program Offers Recent Grads a Break

As you know, dentistry is a dynamic profession, and with continuous improvements, the ADA is taking steps to ensure that we stay ahead. Armed with the findings from the multiyear Membership Study Proposal, the ADA 2006 House of Delegates (HOD) approved a concept for membership that included several proposed changes that could affect your membership. The Council on Ethics, Bylaws and Judicial Affairs will draft Bylaws language for consideration at the ADA 2007 House of Delegates. If the Bylaws are adopted by the House of Delegates, these changes would go into effect in 2008.

By now, we hope that you have heard about the ADA Reduced Dues Program, which offers four years of discounted membership dues for recent dental school graduates, and even longer if you are enrolled in a post-graduate

program immediately after graduation, as long as you maintain your membership throughout the course of the program.

With the proposed changes, the Reduced Dues Program would benefit new graduates who go back to do a residency or specialty training program after spending some time in practice. In fact, the years you spend in a specialty program will put the Reduced Dues Program structure "on hold."

Look at the example in the chart below: Dr. John Doe graduated in 2004, and after practicing for two years, he decides to enroll in a two-year specialty program. With the current Reduced Dues Program, Dr. Doe will pay \$30 "in place of" the rate he was supposed to pay. The proposed Reduced Dues Program will allow Dr. Doe to "pick up where he left off" after he completes the specialty program.

The revisions to the Reduced Dues Program will be a big benefit to many dentists. Another proposed change allows international students to become ADA student members. Pending the approval of Bylaws language in 2007, ASDA international dental student members will also be eligible for ADA student membership, enhancing the benefits they receive. The ADA House of Delegates also approved a membership category for dental school graduates who are not practicing and do not hold a license but would like to be a part of organized dentistry. If you are considering a nontraditional dental career, it's good to know that you would be included in organized dentistry.

While the concept of dental team membership was included in the proposal, this aspect of the proposal was referred for further study and will be brought back to the 2007 House of Delegates.

And while we're talking membership—have you renewed your membership for 2007? Membership is based on a calendar year, not academic year, so this means you'll soon be missing out on ASDA and ADA benefits and resources if you didn't renew for 2007. If you haven't received your 2007 membership card, it may be a good idea to check to make sure your membership is up-to-date. You can see your ASDA leader; visit ASDA's web site at www.asdanet.org or call 1-800-621-8099, ext. 2826 to inquire about your membership. ♦

Year	Year of Graduation	Current Dues Rate	Dues Rate w/ proposed change
2005	1st year out	\$0	\$0
2006	2nd year out	25% of active dues	25% of active dues
2007	3rd year out (1st year in specialty program)	\$30	\$30
2008	4th year out (completion of program)	\$30	\$30
2009	5th year out	Full active dues	50% of active dues
2010	6th year out	Full active dues	75% of active dues
2011	7th year out	Full active dues	Full active dues

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Attending National Dental Student Lobby Day?

Go to ASDAnet.org or call the central office for information!

How 'Bout a Smile on the Rocks?

Grills, removable teeth jewelry, are a growing trend. But do they harm teeth?

by Laura Sellinger, Arizona '07, Editor-in-Chief

Nelly, whose R&B/rap song "Grillz" reached number one on the Billboard Top 100 in 2006 and featured Paul Walls and Alli & Gipp, just might be the first hit song about dental appliances.

"Got 30 down at the bottom, 30 more at the top all invisible set, in little ice cube blocks..."

In hip hop culture, "grills" or "fronts" are terms for removable cosmetic dental appliances made of silver, gold or platinum caps. The grills are typically filled with diamond inlays and can range in cost from \$20 to thousands of dollars. Grills became popular in 2000, when the "Dirty South" rappers wore them to symbolize wealth and success. Although grills have received more recent media attention, earlier rappers such as Big Daddy Kane, Flavor Flav, and Kool G. Rap also sported the look.

"Call me George Foreman 'cause I'm sellin' everybody grillz..."

In his 2005 "Grillz" video, Nelly features many popular grill designs and styles. Wealthy musicians and some athletes sometimes pay a hefty price for jewel-encrusted grills. Young teenagers copy the stars and purchase inexpensive do-it-yourself kits from online stores or local jewelers. Type "grillz" into Google, and several sites pop up, including: www.grillzrus.com, www.mrbling.com and www.iced-outgear.com/grillz. Grillzrus.com ensures "a

proper comfortable fit, and custom dental impressions taken of your teeth. This will be used in the casting process to make your one-of-a-kind gold or platinum mouthpiece." Another site features silver prices so low, anyone can "get their mouth iced out like mad!" Vendors may be unaware that only a licensed dentist can take impressions in certain states.

"I got my mouth lookin' somethin' like a disco ball..."

Grills may bring some bling to your smile, but how does it affect your health? According to the ADA, "There are no studies that show that grills are harmful to the mouth, and there are no studies that show that their long-term wear is safe." Low-cost fronts are often made from inexpensive metals, which can cause irritation and allergic reactions. The appliances can lead to chipped teeth, excessive wear and even shifting. Grills also harbor plaque and bacteria, especially if they do not fit properly. Grill enthusiasts should limit time wearing their appliance and take it out before eating. Appliances should be washed daily, avoiding jewelry cleaners or toxic solutions.

"Smile fo' me daddy ...What you lookin' at? ...I wanna see your grill..."

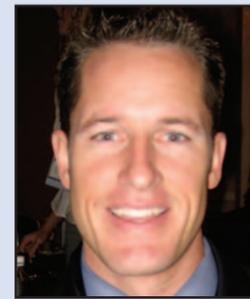
Although it might be hard to convince some patients, how about bleach over bling? Although grills have gained recent popularity, dazzling white will never go out. ♦



MOUTHING OFF



If you found a four-leaf clover, what would you wish for?



"Probably more four leaf clovers...assuming they are each good for a wish. I would probably use one of those to wish for something noble like world peace. But if that's not possible, a decent board score would suffice.

—Rick Shamo, Los Angeles '08



"World peace."

—Matt Harmon, Mississippi '10

Million Dollar Practice Tips You Won't Learn in Dental School...Part 2

by Rudy Wolf, VA Commonwealth

I'm a dental student just like you. But there is one small difference: I have four years of marketing and practice-building experience with a distinguished dental marketing company where I learned the most powerful secrets of million dollar practices...and I want to share them all with you. (Continued from the February issue of ASDA News)

Tip #4: Make Your Office Smell Like Home

The sense of smell is powerfully connected to the memories we make, whether good or bad. The last thing you want is for your patients to enter your office and immediately tense up as the smells of eugenol and burning teeth hit their nose. Get yourself a bread machine and bake some cinnamon raisin bread. If you don't want to bake bread, try some scented candles. Nothing speaks "home comfort" like fresh baked bread or a cinnamon candle. This will instantly put your patients at rest as they enter your office.

Tip #5: Understand Return on Investment

As a general rule of thumb, in order for any campaign to be considered successful, you need to be receiving at least a 3:1 ROI or Return On Investment (for every dollar you're spending on that campaign, you need three dollars in return). Many people think that 2:1 ROI is sufficient...after all, aren't you still doubling your money? No, you're actually losing money. If your overhead is running between 50% and 70%, any program that gives you less than 3:1 ROI is NOT putting any

money into your practice. Look at this example: You spend \$1,000 on advertising and bring in \$2,000 in services. The ad costs \$1,000, but your overhead costs you an additional thousand or more right off the top. Suddenly, you're in the hole and your new advertising campaign doesn't look very promising. The key is tracking your results, knowing exactly how much you spent and how much you received in return, and what your real overhead is.

Tip #6: Cancel or Keep?

Example: You're running a mailing campaign that's currently getting you a 4:1 return on investment but your buddy in another state is running his mailing campaign and is getting a 6:1 ROI. What do you do? If you said cancel your existing program and try what your buddy is doing, you fell into the trap. Keep your existing program going and try your friend's campaign in a different area close to your office! Remember to find out *exactly* what he's doing (i.e. what type of offers he is using, what the demographics are, how many pieces he's mailing) so you know you're doing a fair comparison! If you find that the other program works better than yours, don't let that be a reason to dump the program you're doing. You should consider keeping them both as you now have two proven programs building your business and putting cash into your practice.

If you have any questions or comments regarding this article, email me at RudyWolf@gmail.com. ♦