

TOURO

COLLEGE OF DENTAL MEDICINE

ASDA

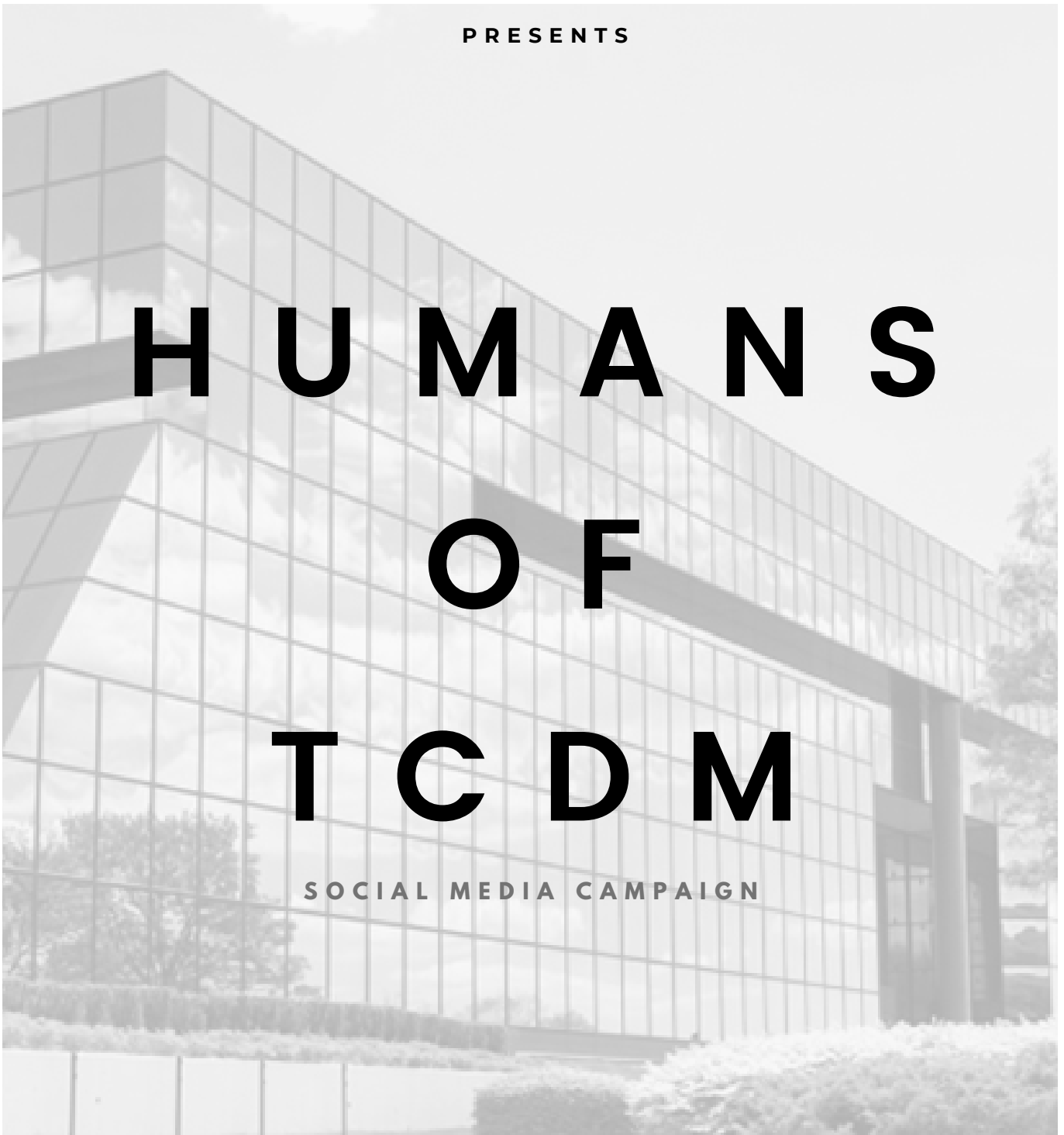
PRESENTS

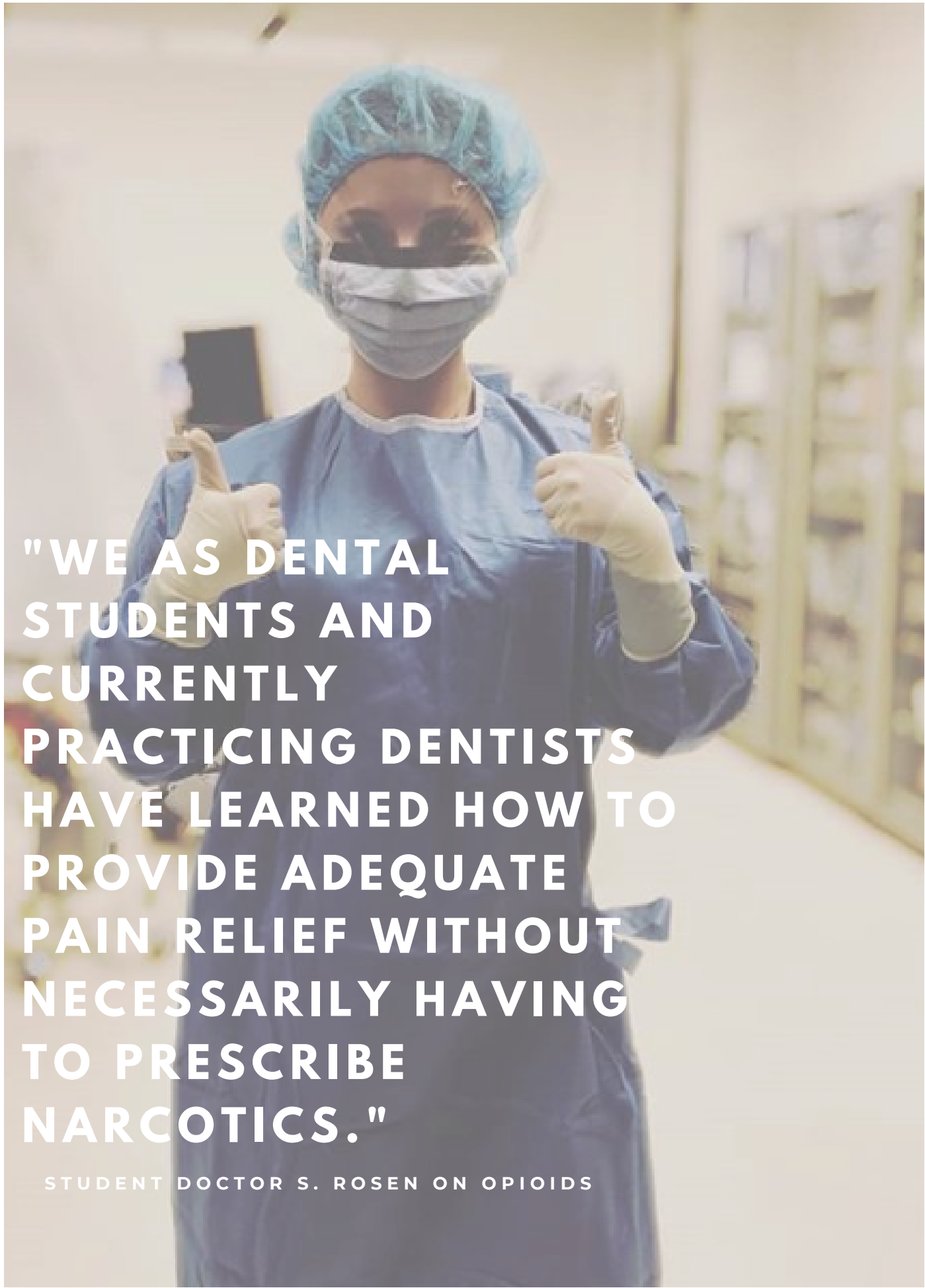
HUMANS

OF

TCDM

SOCIAL MEDIA CAMPAIGN



A dental student wearing a blue surgical cap, a white face mask, and blue scrubs is giving a thumbs up with both hands. The background is a blurred clinical setting.

**"WE AS DENTAL
STUDENTS AND
CURRENTLY
PRACTICING DENTISTS
HAVE LEARNED HOW TO
PROVIDE ADEQUATE
PAIN RELIEF WITHOUT
NECESSARILY HAVING
TO PRESCRIBE
NARCOTICS."**

STUDENT DOCTOR S. ROSEN ON OPIOIDS

HUMANS OF TCDM

Touro College of Dental Medicine ASDA

While planning for ASDA's Advocacy month, TCDM ASDA E-board realized the lack of student participation in organized dentistry. Lack of discussion about general dental topics stemmed from the fear of voicing the "wrong" opinion or having no opinion at all. To help students overcome such fear, we launched *Humans of TCDM* in November 2019, a social media campaign that we hoped would instigate discussions about dental topics that should be spoken about.

The approach to this campaign was not through any contests, but rather by spreading awareness in a unique way.

As the name suggests, *Humans of TCDM* was inspired by *Humans of New York*, a photoblog of portraits and interviews collected on the streets of New York City. *Humans of TCDM* is a collection of portraits and interviews of our professors and students who share their thoughts about issues and legislation that ASDA advocates for. So far, we have 8 interviews that cover dental-related topics, such as: opioids, licensure reform, midlevel providers, water fluoridation, and dental student debt.

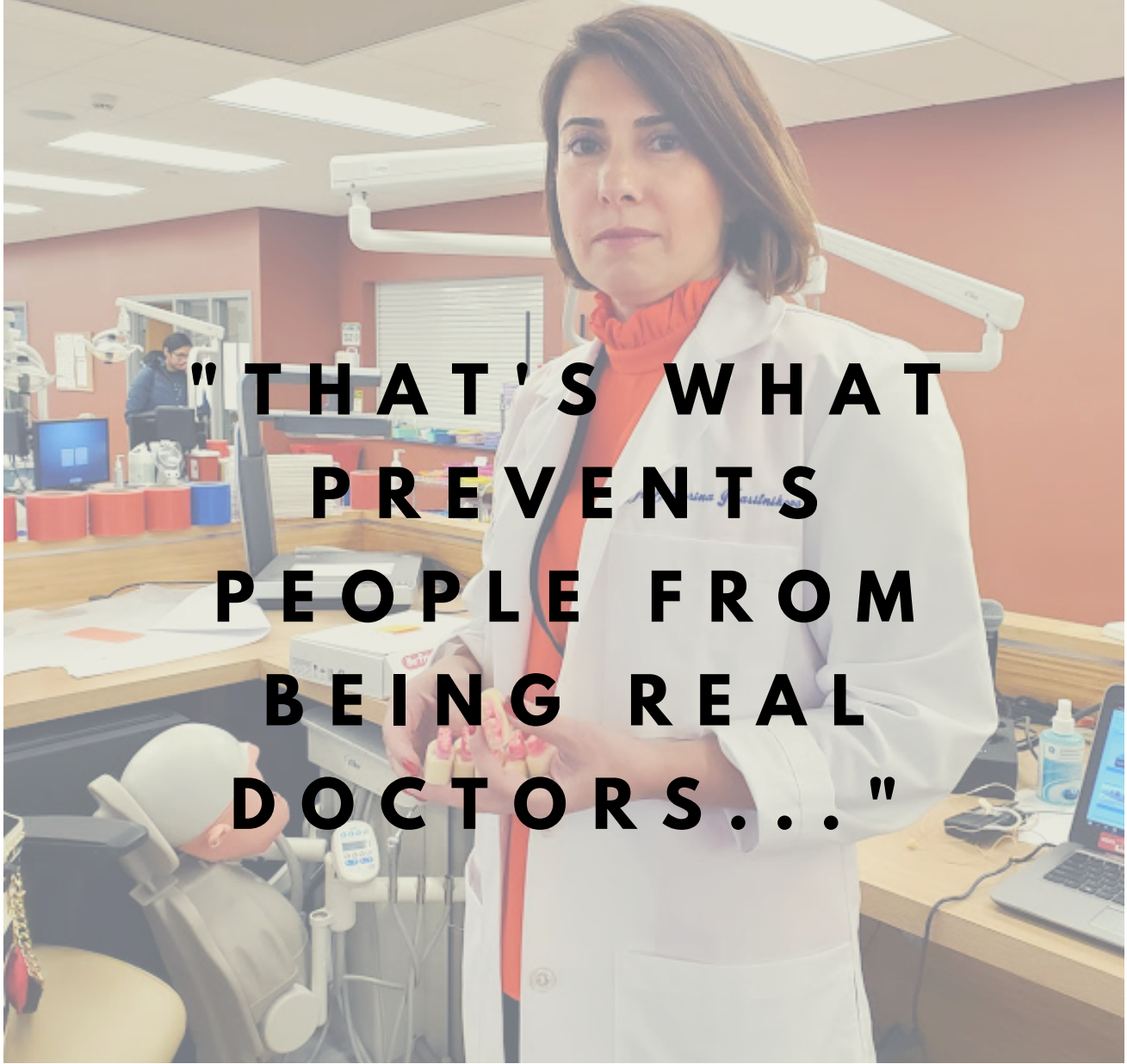
Most of the *Humans of TCDM* posts were 95% more popular than other TCDM ASDA social media posts. In addition, we have gained 20% more followers after initiating the *Humans of TCDM* campaign. Regardless of the statistics and numbers, these interviews provided a window for students to personally see the importance of discussion about dental issues and legislation that ASDA advocates for.

The raw and thought-provoking content shared through *Humans of TCDM* sparked a profounding impact on TCDM students. With each post, we inspired more students to acknowledge and understand the severity of current dental issues and take part in these discussions when they would not have done so before with basic flyers and posters around campus. Bringing the awareness in such personal ways started to touch our students' hearts and minds, gaining increasing popularity and the desire to voice their own opinions. We plan to continue the campaign throughout the year, covering a greater variety of topics.

Until our students are aware that there are more pressing issues than merely passing classes or getting accepted into top-ranked residencies, *Humans of TCDM* campaign will continue.



**WE PROUDLY PRESENT OUR ADVOCACY CAMPAIGN,
HUMANS OF TCDM**



HUMANS OF TCDM: STUDENT DEBT

Dr. E. Krasilnikova

"First of all, I don't know where you're from, but students who are in New York and staying in New York, they have to go through residency. It's mandatory, right? So, in residencies, they pay you, but it's little. Okay, you can live on this money. It's a decent amount of money but to pay (student) loans to the extent, it's like impossible. Then when you start, the percentage is growing, it's all on top of it. so it's hard, and it depends where you work, I know some because my son graduated. He's talking about his friends, like discussing it,

and I see some people who are not very ethical and they actually behave unprofessionally, because they're so concerned, "Oh, I just got married. I have a family. I have to take care of my family. So, I have to pay for this loan as soon as possible." So they're trying to sell stuff to patients without thinking what actual patient need or not. If they have this salesperson ability, obviously they can do it. That bothers me a lot. My son, also he is like, "how can you do that if you're a doctor first of all!" But that's what prevents people from being real doctors, all these finance and business bills... so it *is* a problem."





HUMANS OF TCDM: FLUORIDATION

Friends, family, and patients have all asked me about the importance of fluoride, and whether or not the fears surrounding its use are founded. Unsurprisingly, I'm a strong advocate for fluoride! The fight against caries involves more than fluoride, but it's a great adjunct alongside proper diet and other oral hygiene habits. When you consider the relevant research on the use of fluoride in infancy through adulthood, the literature supports the conclusion that appropriate exposure is a high reward/low risk asset to oral health maintenance. Public health data over the years demonstrate a significant decrease in the incidence of dental caries coinciding with increased implementation of fluoride in America. In areas of the world where water fluoridation is less common and access to fluoridated hygiene products is lower, this trend of declining caries incidence was not observed to the same degree. Ultimately it's a question of proportion, and there appears to be insufficient evidence that proper exposure (e.g. via water supply, supplementation, toothpaste, etc.) leads to negative outcomes. I believe that the observed benefits of fluoride use far outweigh any perceived dangers.

DR. M. ISRAEL

#ASDAADVOCACY

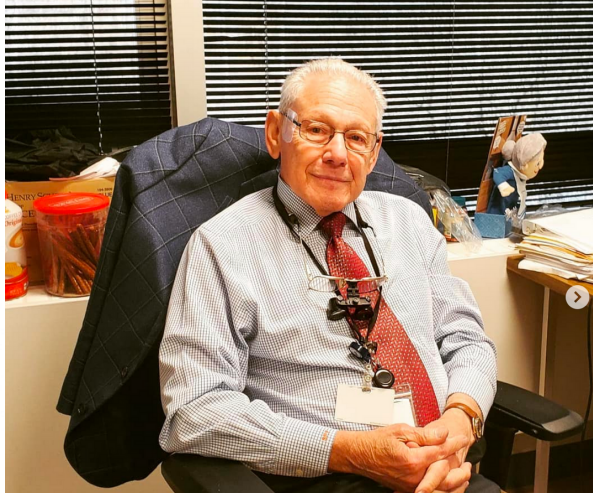


touroasda • Following
Touro College of Dental Medicine at New Y...

touroasda Humans of TCDM
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"I never prescribe opioid. Just too many people come in with problems with that. How many kids are on Ritalin and Adderall? Right? How many people have back problems? How many people are on beta blockers? How many people walk around with epi pens because they're allergic. And with opioids, all of these things are problematic. So why do it when I can give someone Advil and Tylenol" "Is it enough for pain management?" "Yeah, I have a very, very successful practice. And (if) patients walked away from my office saying that they're leaving in pain. I wouldn't have a very successful practice"

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touroasda • Following

But let's talk about ethics. What happens if a student fails (the patient-based board). Now we have to tell this patient who was sitting in the chair that this restoration that was put in is a failing restoration. Who takes the responsibility of replacing that restoration? If I were patient. I wouldn't want that student who just made this restoration, and it is failed (restoration), to replace it. So, who does replace it? The school or the university does not want to take the responsibility of replacing failed restorations. What happens if a student has a pulpal exposure and endodontics has to be done? Who does it? This becomes a very big financial burden on the patient and its ethics are not really very good. Some states like Iowa and

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touroasda • Follow

I feel I'm in school in a great time because it's a progressive era where true trial and error methods of approaching oral health and oral issues are happening. Like you know, We have this way of dentistry that has been around for decades, but it is changing now. We're in a time with the technological advances that all of these procedures are kind of on their way out and new kind is coming in. so I just really am excited about the future. Our field (dental) is as much of a science it is an art. This technological incorporation is just going to allow us to do everything that we've been dreaming of or could be beyond our wildest dreams. We're going to be able to accomplish aspects of aesthetic work as well as technology. I'm just excited about

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touroasda • Following
Touro College of Dental Medicine at New Y...

I would first ask the question of why is there's a movement to develop mid-level providers. I think that the overall global answer would be 'to increase access to care', Right? I think that's the overarching reality is that it's because there are areas of low access because financial constraints, primarily of people making a living; dentists making a living, being able to pay back their loans, etc. So if I globally just look at access and ask the question, 'Will this solve the problem?' If the answer were black and white, then, yes, I think that there is room for mid-level providers. However, are there other ways to improve access to care? I believe there are. So it's not that I'm against mid-level providers. It's for increasing access to care. So there are other ways

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**TCDM
ASDA**

**“IT’S EASY TO GET
PEOPLE’S ATTENTION,
WHAT COUNTS IS
GETTING THEIR
INTEREST.”**

A. PHILIP RANDOLPH

#HUMANSOFTCDM