

# THE CENTRAL GROOVE



Volume 1, Issue 2

Spring 2008

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- Find out what happened at the 2008 ASDA Western Regional and National Lobby Day
- See what's coming up in April
- Get info on your ASDA representatives

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## Clinical Board Examinations

**MICHAEL D. ROHRER, DDS, MS**  
**PROFESSOR AND DIRECTOR, DIVISION OF ORAL AND MAXILLOFACIAL PATHOLOGY**



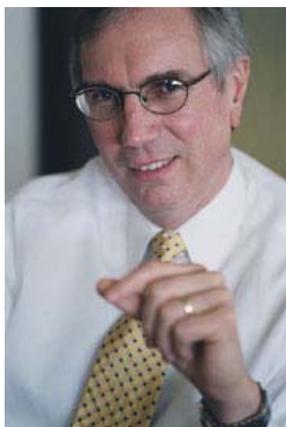
Last Month I got a sickening feeling in my gut that has occurred once or twice a year for the more than 30 years that I've been a faculty member in a dental school. The cause of the feeling was the arrival in the dental school of the board examiners for the clinical examination for whatever agency happened to be the alphabet regional testing agency of the year. Why the gut reaction? Because I feel dentistry as a profession is absolutely wrong in the manner in which it determines whether a graduate of an accredited school of dentistry is "safe" to practice dentistry on the public. The determination of clinical competency is demanded by state boards of dentistry that claim that their primary purpose is to protect the citizens of the state. I have never understood how a one or

two-day examination under intense pressure performing a couple of restorations on a human subject can determine a person's ability to practice competent dentistry. An examination that is the culmination of at least 8 years of education and hundreds of thousand of dollars of educational costs should not be as subjective as a technical procedure on a human subject, a test impossible to standardize.

I have many other problems with the clinical examinations. These exams tell the world and dentists that the most important thing in dentistry is a filling or a casting, not what dentistry really is, the combination of all skills and knowledge a dentist has gained through four years of dental school and all of the years of education prior to dental school. Almost all dental faculty who have taught many years can tell stories of students near the top of the class failing and students at the bottom of the class passing. How likely is a one or two day test to be as accurate as 4 years of dental school? There can be many reasons for failing the clinical  
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## The Dean's Den

### WE NEED TO ALWAYS BE PART OF THE LEGISLATIVE PROCESS



Regardless of the outcomes of the many bills under consideration by this year's legislature, one thing's for sure -- our involvement has made a difference. I know from conversations I've had with legislators, lobbyists, and others working at the Capitol that they're impressed with your participation in the legislative process. Our goal for the short term is to help shape what's being debated during this session, and for the long run it's

to stay involved, keep informed, and be there year after year.

We're so fortunate to have a form of government that permits a multiplicity of ideas. As leaders in health care, we have a responsibility to ensure that those who craft laws are well informed and prepared to do what's best for those they represent. I know from my contacts with legislators that they welcome our input. They truly want  
*Continued on Page 4*

# APRIL 2008

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2 LNL	3 ASDA ELECTIONS	4	5
6	7	8	9 LNL	10 STAR OF THE NORTH	11 STAR OF THE NORTH	12
13	14	15	16 HDA LUNCH PRESENTA- TION	17	18	19
20	21	22	23 LNL	24	25	26
27	28	28	30			

## SCHEDULE OF EVENTS

- ◆ April 2: ADEC LNL
- ◆ April 3: Election LNL
- ◆ April 9: Dyste LNL
- ◆ April 10-11: MDA Star of the North Meeting
- ◆ April 16: HDA Lunch Presentation
- ◆ April 23: Sullivan Schien LNL (Last LNL of the Year)



### EXECUTIVE COMMITTEE

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# President's Minute



It has been a busy spring for the student district, and I would like to start out by thanking everyone for their help. Some of our biggest events are in the spring and without the participation of all of you they wouldn't be able to happen. I hope everyone had a good time at Give Kids a Smile, and the G.V. Blacktie dance. We were surprised by the level of interest in the dance this year and will work to find a larger venue for next years dance. We are also still hoping to hold a run/walk 5K for oral cancer research this year so keep your eyes on MNASDA.net for updates.

It has been a busy but fun year of being your ASDA president, but my time is coming to an end. Elections are in early April and I encourage everyone to attend the lunch and learn and help choose the future leaders of ASDA. We will be electing president-elect, vice president, secretary, and membership chair. I would also like to take this opportunity to welcome Mike Lee (D2) as our new ASDA president. His term will start in early April and I know he is ready to go. As always, feel free to contact any of our new, or old, elected officers if you ever have any questions.

~Brad Anderson, President

ELECTIONS  
ARE BEING  
HELD ON  
THURSDAY,  
APRIL 3  
PLEASE PLAN  
ON ATTENDING

## 2008 ASDA Western Regional

ASDA held its Western Regional Meeting in Chicago, IL from February 1-3, 2008. Over 100 dental students representing 19 dental schools attended the conference. The meeting focused on current issues affecting both ASDA and dental schools in our region.



Friday's agenda began with ADA past-president, Dr. Kathleen Roth, stressing the importance and power of organized dentistry. Later, Dr. Ian Paisley spoke on behalf of the ADA Committee on the New Dentist. He stressed the need for the development of a single, national licensure exam and the Smart Start program to increase ADA membership for new dentists.

Saturday focused on current updates from each school, the upcoming na-

tional meeting, and issues involving the ADA. Minnesota's ASDA president, Brad Anderson, gave an update on the ongoing ASDA events at the School of Dentistry. He emphasized our current strengths as well as continuing work regarding member communication. Many schools spoke about the need for membership and the debate over automatic vs. voluntary enrollment. Additionally, schools are losing Lunch 'N Learns due to lack of administration's support.

Tim Levine, Speaker of the House of Delegates, gave an orientation to parliamentary procedure in preparation for the ASDA Annual Session. Tim focused on the process by which a resolution is proposed and passed.

Dr. John Nei, the ADPAC Vice Chair, gave an ADPAC update and emphasized the role of the dental student. ADPAC supports legislative officials though financial contributions. This is not a party specific decision, but rather a way to elect "friends of dentistry". It is dentistry's opportunity to deliver a message and gain access to these leaders. Dentistry's need to contribute to ADPAC has been exemplified by current legislative issues.

John Holtzee, Director of ADA Department of State Government Affairs, gave a legislative update, focusing on the three most pertinent issues facing dentistry today: Amalgam, Advocacy for a Mid-Level Practitioners, and Access to Care. Amalgam has recently received interest as Norway banned its use and long-term environmental effects are unknown. The ADA has extended the proposition to extend care within the community by creating a Community Dental Health Coordinator position. This would be a person from the community (familiar with its unique needs) that would advocate for oral health education and connect with residents with limited access to dentists.



Each meeting concluded with District dinners and evening socializing. This is an important aspect of the conference as it builds camaraderie and increases interprofessional communication with dental students from the region.

~Tim Anderson, D1 & Elisa Dommer, D1

## Trustee Update



Amy Truong  
ASDA District 8  
Trustee

ASDA District 8 Chapters include the University of Minnesota SOD, University of Missouri- Kansas City, University of Nebraska Medical Center, Creighton University and University of Iowa.

Since the last newsletter District 8 Chapters have been very busy! First off, the District 8 Meeting held in Minnesota went very well with about 70 students from four states attending an all day Saturday meeting. The topics included organized dentistry, meth mouth, ADHP, and much more! The next big meeting was the ASDA Western Regional Meeting in Chicago, held January 31 to February 3, which was well attended by students in District 8 through 11. All 11 Districts were present at ASDA National Dental Lobby Day where we lobbied Congressional members on subjects like meth mouth, access to care, and loans for dental students.

At National Lobby Day Minnesota ASDA members spoke with dental students across the country. Many ASDA Chapters showed tremendous concern about the ADHP bill moving through the Minnesota Legislature, and wanted to send letters to our legislators to address their concerns on bill. In collaboration with the MDA and MN ASDA we have been working together to provide sample letters and updates to ASDA Trustees, Chapters and dental students across the nation regarding this issue.

Updates on District 8 ASDA Chapters: University of Iowa could be found at:

- Rough Rider's Hockey Game (+75 in attendance)
- Handing out oral health pamphlets, toothpaste, and toothbrushes at the mall while kids were trick or treating through the mall
- Winter Social downtown (+100 people in attendance)

University of Nebraska Medical Center: ASDA members volunteers every Wednesday at the local soup kitchen, called the "Gathering place"

Starting a walk/run against oral cancer Dental Day serving underprivileged children in the surrounding area.

University of Missouri, Kansas City:

GKAS and fundraiser luncheon. Also, free lunches were given out to the homeless in the afternoon.

Several ASDA officers are working on a task force committee aimed at discovering if there is a need to expand the dental school class size.

Creighton University:

Dental Prom  
Creighton Dental Tie Sales  
T-shirt sales for Alumni weekend

## Dean's Den Continued...

to know what we think, what we've done and what we are doing. Who better to give them advice and offer suggestions than the people who care for their constituents.

The legislative process is one we as health care professionals need to be familiar and comfortable with, so that we can contribute to and participate in it. As Minnesota and the nation consider how better to address the health care needs of Americans, there will be a host of proposals under review. We need to be prepared and ready to offer our opinions and ideas.

One thing I've learned in my nearly 30 years of involvement in the legislative process is that our representatives want to hear from us. More importantly, they want to hear from us throughout

the year, not just when they're in session and not only when there's something contentious being considered.

I encourage you, as students, to learn about the process so that when you enter practice you can play an active and constructive role. It's more than an opportunity -- in a true sense, it's a duty. Lawmakers, citizens, and other health care providers look to us for our professional advice. Stay informed and be aware of how the processes work. As soon as you settle into a practice location, learn who your representatives are, get to know them, and let them know your thoughts about "the issues at hand." Most importantly, make them feel comfortable that they can contact you when they have a question regarding dentistry or if they need advice on how to help someone in their district. It will help the profession be better prepared for next year, and the year after that, and the year after ....

*"Our Representatives want to hear from us. More importantly, they want to hear from us throughout the year"*

# Clinical Boards Continued...

examination besides not producing a satisfactory restoration. If the examination subject does not show up, if the carious lesion was larger than it appeared radiographically and results in a pulpal exposure, if the examiners feel the particular human subject was a poor choice for some reason, usually the carious lesions not being ideal for the exam, the candidate can fail, hardly an indication that the public would be harmed if he/she were a licensed dentist. Physicians are licensed after graduation from an accredited medical school, passing national boards, and completion of one year of post medical

school clinical training. Medicine does not require a licensure candidate to provide human subjects for clinical procedures such as venipuncture, an appendectomy, a throat culture, and EKG, or a pelvic examination.

An additional serious concern is that we are exposing human subjects to unknown risks. This would never be allowed for a research project. I have referred to these people as subjects, not patients. The subject is not the candidate's patient, not the dental school faculty's patient, not the examiners' patient. Who is responsible if

there is a serious problem or if malpractice is committed (the restoration being unacceptable)? Who is responsible for follow-up care? To whom does the human subject go for redress of a problem? I consider these exams as unethical behavior. Dental school deans could end this type of exam immediately by refusing to allow these types of examinations to take place in all dental schools for the various ethical reasons I've stated.

I would urge the ASDA to pursue an end to clinical dental board examinations using human subjects.

## ASDA National Lobby Day 2008

Eight dental students traveled to Washington D.C. to represent the U of MN at National Dental Student Lobby Day, which was held March 10<sup>th</sup> & 11<sup>th</sup>. We arrived in D.C. on the Saturday the 8<sup>th</sup>, and spent Sunday taking in the sights of our nation's capital. But Monday was back to business. Seminars were held which outlined the legislation students from dental schools all over the country would be lobbying for the next day.

On Tuesday, we went to Capitol Hill with 4 pieces of legislation to bring to the attention of representatives. Deamonte's Law (H.R. 2371), authored by Rep. Elijah Cumming of MD, was created in response to the tragic death of the 12-year-old boy, who died in 2007 after a tooth abscess had spread to and infected his brain. The bill would authorize \$10 million for 2 pilot programs designed to increase access to oral health care for underserved children, and to bolster the number of dental providers trained in treating children.

Also of interest to dental students are the House provisions on Loan Forgiveness for Service in Areas of National Need (Section 425) and Perkins Loans (Section 464) of the

College Opportunity and Affordability Act (H.R. 4137). As Congress works to reconcile House- and Senate-passed legislation to reauthorize the Higher Education Act, students urged their representatives to adopt these House provisions, which would 1) provide \$2,000/year for up



to five years for persons with specialized skills (e.g. a dentist) who are employed full-time where there is a demonstrated national need, and 2) increase the annual limit on Perkins Loans to Graduate/Professional students from \$6,000 to \$8,000, and the aggregate limit from \$40,000 to \$60,000.

A consequence of the meth epidemic across the country is the alarming rise in "meth mouth". To address the incidence and damage caused by meth mouth, two bills have been introduced, both co-sponsored by MN Sen. Norm Coleman. The Meth Mouth Prevention and Community Recovery Act (H.R.

3186, S. 1906) would 1) make grants available for educating 12-17 year-olds about the consequences of meth mouth (because this is the age at which a child is most likely to have their first encounter with meth), 2) intensify research on associations between meth use and oral health, 3) authorize a study to determine to what degree meth use affects demand for dental care, and 4) promote CE courses for dentists to become more informed about meth mouth and its consequences.

The second bill concerning the devastating effects of meth mouth is the Meth Mouth Correctional Costs and Reentry Support Act (H.R. 3187, S. 1907). This bill is directed towards the problem of meth mouth incidence inside jails and prisons, and the cost of addressing its devastating consequences. This bill would, 1) expand the Justice Department's research on the oral health status of jail and prison inmates, 2) authorize a study to determine the extent to which meth use affects the demand for dental care in correctional facilities, 3) make grants available to revitalize correctional dental programs, and 4) direct the Attorney General to ensure that oral health and dental care are made part of the Justice Department's many prisoner reentry initiatives.

~Tim Roth D2 LGN CO-Chair

THE GROUP  
IN FRONT OF  
THE CAPITOL

