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# From Trade to Profession

## How Technology and World War II Shaped Modern American Dentistry

By Jennifer Pierce

University of California, Los Angeles, Class of 2016

Rows of dental chairs filled the room like desks in a classroom. People waited in line for their turn in the chair, slowly shuffling forward as the crowd of expectant people thinned. Most complained of severe pain; often, relief came in the form of extraction. The dentists stood over their sitting patients, craning their necks to see inside cavernous mouths. It was no surprise that in 1890, the U.S. Census Bureau planned to list dentistry under the broad category of “manufacturers.” The dental offices of the late 1800s were more factory than office, with lines of people rather than waiting rooms.

In 1890, the medical profession attempted to absorb the dental profession as a whole, suggesting that the mouth did not require extensive study. Dentists were not revered as highly as physicians, which was made apparent by the relegation of dentists to a rank lower than physicians during WWI. Due to protest and negotiation on the part of members of the dental profession, Congress established a Dental Reserve Corps in 1918.



One of the major difficulties of dentistry in the early 1900s was a lack of technology. Many dental offices were fortunate to have cold running water, though no electricity. In 1905, the most progressive dental offices boasted an electric drill, an electric fan and a telephone. Dental parlors above delis marketed “painless” procedures in Brooklyn, New York. In the 1920s, chain offices began to be established. Edgar R.R. “Painless” Parker began as a street dentist in New York City and eventually owned 30 west coast dental offices, employing over 70 dentists.

In those days, U.S. dental education emphasized techniques over knowledge of anatomy and physiology of the body, a practice that was widely criticized in Europe. An effort was made to implement research and better understand the pathology of teeth, especially in the progressive dental schools of Chicago. During WWII, many European dentists fled to the United States to escape the Nazi regime. These “stranger dentists” were very accomplished in the sciences, with extensive research to support their knowledge; however, their technical skills were lacking in comparison.

*The dental offices of the late 1800s were more factory than office, with lines of people rather than waiting rooms.*

In 1939, 15 of the 41 dental schools admitted refugee dentists as students. Despite opposition, they greatly

revolutionized the dental profession. Harry Sicher, a Viennese exile, published an oral anatomy textbook complete with drawings and provided invaluable research on anesthesia and the temporomandibular joint for example, by contributing a strong understanding of dental anatomy, histology and pathology.

From factories to parlors to offices, dentistry has a rich history. The dental field has come a long way, from being a trade concerned with pulling teeth to a profession focused on the oral health of individuals. The emphasis on research and scientific background beginning in the 1930s caused a gradual shift in dental education. The mesh of traditional American craftsmanship with European-inspired scientific foundation set dentistry on a new path to become the multifaceted field and highly respected profession it is today.

# Ethics Scenario: Informed Consent and Geriatric Dental Patient

By Nidhi Taneja  
Ostrow School of Dentistry of USC, Class of 2014

<sup>1</sup>Many geriatric patients will have cognitive impairment, sometimes temporary and other times progressive. Dentists are challenged to evaluate for the presence of cognitive impairment and pick up the cues early that can affect the consent process. Here is a case where the use of informed consent with geriatric patients warrants special analysis due to complicating factors such as patient passivity and questionable competency. <sup>2</sup>The relationship between the ethical principle of autonomy and informed consent while examining factors that must be present in order for a valid informed consent to be obtained is very sensitive and should be carefully taken into consideration.

80 years old male comes with a complaint of pain in lower back tooth on the right side. He is accompanied by his nephew who helps in procuring history.

Medical History: Hypertension, Parkinson's and depression. Occasional episodes of loss of partial memory, acute dermatitis, syphilis

## Medication Hx:

Antihypertensive: Propanalol, Perindopril

Antidepressants: Prozac

Anti-Parkinson drug: Carbidopa

Anti-anxiety drugs- Xanax

Corticosteroids- low dose betamethasone for skin problem

Penicillin used in past for syphilis

Family & Social Hx: Lives with son and his wife and grandchildren. Vietnam veteran, Alcohol dependence treated 10 years ago. Underwent counseling for PTSD and depression

You begin with the clinical exam and you see that the patient has apparently healthy lower teeth except for calculus build up both on radiograph and clinically. However #14 has frank decay with periradicular radiolucency of about 2 cm seen on radiograph. He consistently tells that the lower tooth hurts and nephew tells he is not able to sleep at night because of the pain. Asking about the duration of pain he suddenly asks who were you and you notice slight tremors on his hands. On percussion, the upper tooth, he has no pain. You explain the situation to the nephew and are unable to relieve the old man of pain without his consent.

What will you do?

*If you are the treating dentist, how will you proceed in solving the situation? If you have any suggestions, please write to [newsletterdistrict11@gmail.com](mailto:newsletterdistrict11@gmail.com). Your response may show up in the next edition.*

## Reference:

1. [Tex Dent J](#). 2009 Jul;126(7):582-9. Informed consent and the cognitively impaired geriatric dental patient. [Van TT](#), [Chiodo LK](#), [Paunovich ED](#).
2. [Spec Care Dentist](#). 1992 Sep-Oct;12(5):202-6. Informed consent and the geriatric dental patient. [Odom JG](#), [Odom SS](#), [Jolly DE](#).

## Legislative Update

By Adrien Hamedi-Sangsari  
University of California, Los Angeles, Class of 2015

### National Updates

-Sequestration has officially begun March 1st! Federal budget cuts have started all over the country and the influences of it are unknown. At first glance, the biggest change for dentistry will be in the reduction of NIH funding for dental research.

-The U.S. Department of Health and Human Services has updated the regulations in the 1996 HIPAA. The rules are effective March 26, 2013 and compliance is expected by September 23, 2013.

### State Updates

-A bill in Washington State looks to create a position similar to the Mid-Level Provider. It is called a ?Dental Practitioner? and the bill is being debated in both the state House and Senate.

-Santa Clara County, CA has finally received funding to fluoridate its water. It is one of the largest communities in the country without fluoridation!

# We MATCH-ed!!

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## Program: General Practice Residency - VA Sepulveda

### Why did you want to apply to a residency program?

Upon graduating dental school I am confident I will have developed the skills to be a competent dentist, however there are many skills I want to improve before entering the world of private dentistry. There are two main reasons I feel I must pursue a general practice residency following dental school. First off like most other dental students I feel I need to improve my speed clinically. The best way to do this is gain more and more experience. I would feel much more comfortable acquiring this experience in an educational setting. It will be the perfect bridge between dental school and private practice. Secondly the residency programs offer the residents opportunities to acquire advanced skills in each of the specialties lessening the need to refer all complex cases in private practice.

### What were you looking for in a program?

When I was researching residency programs my main goal was to find programs that would advance my knowledge in endodontics, oral surgery and implantology. Dental school only allows students limited time in each of these fields. There are many residency programs out there and all of them are different. It was crucial for me to find programs heavily focused in those fields.

### What is the biggest challenge you faced during the application process?

The biggest challenge I faced when choosing which programs to apply to was simply deciding what I wanted out of this residency then finding programs that suited my needs. The reason this task was so daunting is there are hundreds of programs and at first glance they all appear similar. Unfortunately you can't completely know what each program has to offer fully until you have interviewed. Thus I chose my programs based on location, recommendations from past students and countless hours spent filtering through hundreds of program descriptions. Tedious yes, but you will thank yourself in the end when you find a handful of perfect programs that match your needs.

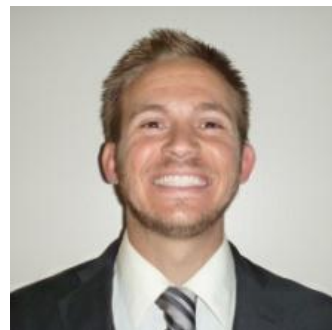
### What is the best advice you could give to next year's applicants?

First and foremost if any students are on the fence of deciding if they will apply for a residency or not I absolutely recommend they apply. One year will go by in a flash and the experience they will gain is priceless. Their confidence level will be exponentially higher when they finally enter the world of private practice. I have been fortunate enough to talk to many residents and not a single one has regretted their choice. There is a large gap between dental school and private practice. Allow this residency to be the bridge needed to make this transition as smooth as possible.

### What was the hardest interview question you had to answer?

I am so glad I get a chance to answer this question. On one of my interviews I was asked a series of hilarious questions that catch you like a deer in headlights. I was asked by a panel of five doctors "if I could be any sea creature what would I be and why?" Then immediately after asked "if I could be any animal in the outback what would I be and why?". As if there was not already enough laughter in the room from my wacky answers they followed up that question with "if you could be any animal in the Serengeti what would you be and why?" Just goes to prove you can never be fully prepared in these interviews. Just be yourself and stay away from the typical rehearsed answers.

**Andrew French**  
**Ostrow School of**  
**Dentistry of USC**





## Program: Orthodontics – University of California, San Francisco

**Why did you want to apply to a residency program?** I was fascinated by ever-growing technology intertwined with intriguing treatment planning aspect of Orthodontics. I truly enjoyed the positive effect of ortho treatments on aesthetics, occlusion and function. In addition, I believe an orthodontist can play key a role in prevention and enhance the oral health of the community.

**What were you looking for in a program?** Well balanced clinical, didactic and research exposure. Friendly, welcoming and up-to-date environment where I can learn and practice both basics and cutting edge evidence-based concepts in orthodontics.

**What is the biggest challenge you faced during the application process?** Verbal section of GRE since it is not related to anything we do in pre dental courses and dental school. If English is not your first language, it is even more challenging.

**What is the best advice you could give to next year's applicants?** Be friends with your classmates who are applying with you to Ortho that year. Share information and help each other succeed. Programs look for team players and people who are willing to help out each other.

**What was the hardest interview question you had to answer?** If the parent of your patient come to your office and is mad at you, asking "why does my son have 5 new cavities after debonding?", how would you handle the situation and calm them down?



**Amir Dadgar-Yeganeh**  
University of California, San Francisco



**Rachel Paik**  
Western University of Health Sciences

## Program: General Practice Residency - College of Dental Medicine

**Why did you want to apply to a residency program?** To gain more clinical experience in prosthodontics, endodontics, implant dentistry, and oral surgery.

**What were you looking for in a program?** A well-balanced experience where I would be motivated to learn more and be prepared for private practice.

**What is the biggest challenge you faced during the application process?** Making sure that every program received all the required documents on time.

**What is the best advice you could give to next year's applicants?** Prepare and apply early. Ask for PPIs and letter of evaluations right when you start your application.

**What was the hardest interview question you had to answer?** Most interviewers ask, "What sets you apart from the rest of the applicants and why should we pick you?"

## Program: Advanced Education in General Dentistry - LMC - Redding

### Why did you want to apply to a residency program?

I wanted to apply to a residency program to improve my treatment planning abilities especially for complex treatment plans and strengthen my clinical skills.

### What were you looking for in a program?

I am looking for a program that offers clinical experience that I seek to gain more in. I want to be exposed to a variety of procedures and have opportunities to practice along with specialists.

### What is the biggest challenge you faced during the application process?

The biggest challenge was trying to

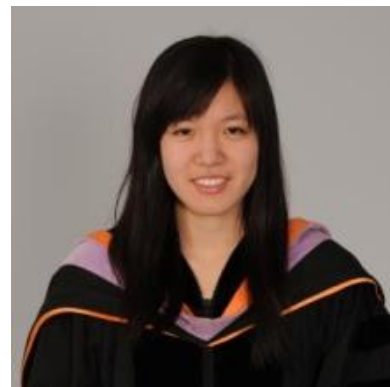
figure out what each program needed and trying to get all the documents together. Being organized helped me through this process.

### What is the best advice you could give to next year's applicants?

Research about the programs/schools and see if they are a good fit for you before applying.

### What was the hardest interview question you had to answer?

The hardest interview question. "If you had the same GPA and clinical skills as another applicant, why should we pick you over the other applicant?"



**Tiffany Yau**  
University of the Pacific



## Program: Periodontics – University of Texas Health Science Center at Houston

### Why did you want to apply to a residency program?

Dental school allowed me to explore my different options in dentistry but not enough for me to call myself an expert in anything. I believe postgraduate training will further develop and polish my clinical skills and help me practice with confidence in my professional career.

### What were you looking for in a program?

I applied to programs primarily based on location and stipend/tuition. I already have a substantial amount of student loans to pay off and I didn't want to apply to a program that would further increase my debt.

### What is the biggest challenge you faced during the application process?

The biggest challenge was trying to get the application and supplemental materials in on time. I would suggest applicants to always plan accordingly and leave leeway for any mishaps (i.e. if transcripts get lost in the mail).

### What is the best advice you could give to next year's applicants?

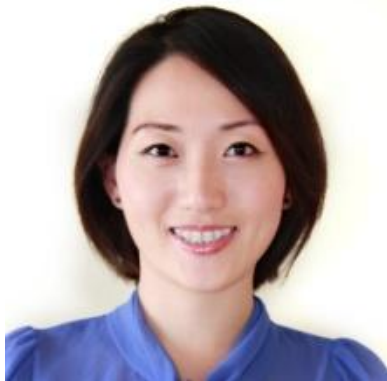
Be the best version of who you are during interviews. How you interview and present yourself is what will really set you apart from other applicants.

### What was the hardest interview question you had to answer?

"If you are applying for perio, why were most of your rec letters from prosthodontists?" Lol...



**Tina Chang**  
University of California,  
Los Angeles



**Tina Park**

**University of California, San Francisco**

**Program: Orthodontics –  
University of Southern California**

**Why did you want to apply to a residency program?**

Actually going into a specialty was not part of my plan when I first entered dental school. It was during my second year after a long day of drilling to perfect my  $\frac{3}{4}$  crown prep that I suddenly asked myself “Am I going to be happy doing this for the rest of my life?” In my head I was like oh no I am gonna be in a big trouble if I have to do this for the rest of my life. Thoughtlessly drilling into plastic teeth for hours really made me miss science and research which was my major interest and passion during my undergraduate years at UCLA. Getting myself involved in a research project in dental school sort of rescued me. The objective of my research was to report three surgical and orthodontic cases of cleidocranial dysplasia that were successfully treated at UCSF. Going through radiographs and photographs of these individuals and witnessing the transformation they went through after committing themselves through 5 to even 14 years of rigorous surgical and orthodontic treatment really made me appreciate the power of orthodontics. This project also helped me decide my mind about going through orthodontic treatment to resolve my own dental malocclusion issues. Every time I came in for my appointments, I was fascinated by my orthodontist's thought process through my case and the mechanics he used to resolve through the problem list that we created together. I was also part of the ortho journal club for three quarters where we reviewed recent orthodontic literature and also patient cases with UCSF residents. I realized that orthodontics is a field where my talent in critical thinking and good planning can really shine. But what finally solidified my decision to pursue orthodontics was my experience at the craniofacial anomalies clinic. As the photographer/assistant of the clinic, I had the rare opportunity to closely interact with children with craniofacial anomalies. Every Tuesday I observed two orthodontists working as part of the craniofacial team. At the end of the day, every smile created by the craniofacial team made me realize that orthodontics is what I want to do for the rest of my life and this is what's going to make me happy.

**What were you looking for in a program**

Happy residents! I was looking for a well rounded program strong in all of these aspects: clinical, research and teaching.

**What is the biggest challenge you faced during the application process?**

The biggest challenges I faced during the application process were arranging travels for interviews and making up for missed clinic hours. I applied to 15 programs and got 10 interview invites. Due to scheduling conflicts and finance limitation I decided to turn down three interviews and attended 7. Seven interviews were enough to empty my bank account! But the experience I got out of all the interviews was priceless. Ever since I got my match result, I have been working hard in our clinic to catch up with graduation requirements. But everyday feels awesome!

**What is the best advice you could give to next year's applicants?**

I didn't really understand when people told me to be myself during the interview. But now after going through the application process, interview process and finally matching into a program, I realize what it truly means. Be yourself, believe in yourself and be confident!

**What was the hardest interview question you had to answer?**

None of the questions were intended to test me or trick me. The programs are basically trying to get to know if your personality fits the program. Getting through the interview means your grades, numbers, CV were exceptional. It is during the interview when you should show your color, show how fun you can be, show that you are not an add ball!





# ASDA Pacific Outreach

By Doo Yong Lim

*University of the Pacific, Class of 2013*

Every year, ASDA engages the students of Pacific Dugoni in an intramural community service competition. Penny Wars is one of the more driven class contests, with full participation from not only the three DDS classes and the two IDS classes, but even the faculty and staff for the first time this year. Each class donates pennies to their own class, while donating other coins and bills to other's classes. Subtotals are counted every day and scores are publicly displayed. At the end of the week, the winning class receives an ice cream party, given by the school administration. Last year's edition provided with the best fundraising totals, ending well above our \$1000 goal. All proceeds went to City Youth Now, a San Franciscan organization that aids children in foster care, such as providing dental and medical services. In addition to the money fundraiser, ASDA also ran a canned food run for the San Francisco Food Bank. Each can was counted as 100 pennies for the points totals.



In addition to the annual Penny Wars, ASDA Pacific also hosted new varied community outreach events that would appeal to different members while at the same time enjoying all San Francisco has to offer. Many of these events were done in conjunction with UCSF students. A group of students spent a Saturday morning in Bayview,

San Francisco for a shoreline cleanup. Another group supported JDRF's Diabetes Walk by raising funds and walking along the Embarcadero. Future community services will involve the San Francisco Food Bank.

We believe that as dental students, it is important to participate in these extracurricular outreach events. It fosters a spirit of community service and philanthropy that goes with the responsibilities of being a health care provider and leader. ASDA provides a way for students to be active in the community and make an impact that can last a lifetime.





# Overtreatment in Dentistry

By Jared Kenney

University of California, Los Angeles, Class of 2014

"From behind a door comes the whine of a high-speed drill. When my name is called, I am ushered into an examining room and welcomed with a nutcracker handshake by the dentist, a graying-at-the-temple man. Soon I am staring toward the white cork ceiling while my teeth are probed, poked, tapped, and tugged. The numbers of my teeth are called out to an assistant, who jots the information on a chart: 'No. 11, crown; No. 13, M-O-D; No. 14, M-O...' A few minutes later comes the verdict: I need 11 crowns, plus other work. It will cost \$8347. 'Do this and you will have no worries about your teeth for the next 30 years,' the dentist purrs. Somehow I doubt that. Then he adds, 'You and I are going to become great friends.'"

So begins a startling Readers' Digest article by William Eckenbarger in which he reports his experiment visiting fifty random dental offices across the country with his introduction to each that he just moved into the area, and his "dental expenses reimbursement program with [his] employer." Before

embarking on this study, he was examined by a panel of dentists, with no financial interest in his teeth, who concluded that he only needed one, arguably two crowns. As he traveled the country visiting dentists, proposed treatment plans ranged from a single crown to 21 crowns and six veneers for a cost of \$29,850. His experiment ended at a dental school where, after a painstakingly long exam, the dental student concluded that he needed two crowns—on the same teeth that the original panelists agreed on.

What happens after dental school that causes so many dentists to overdiagnose the dental needs of their patients? Some genuinely advocate that treating aggressively is the best course of action; others are heavily influenced by ideals

of photoshopped beauty and sincerely feel this is an ideal to strive for. The most common reason, however, is simply financial gain ("Fear of Unnecessary"; Hartshorne). Economic self-interest and emphasis in training alike favor restoring teeth, not preventing disease.

Traditionally, dentists have been highly regarded and trusted professionals. In a Gallup poll for Honesty/Ethics in Professions, dentists were ranked the third most trusted profession in 1994, slipped to ninth in 2001, and most recently, placed sixth in 2009 with 57% of Americans placing high trust in dentists. ("Honesty/Ethics"). As discussed in the most recent ADA Annual Session, scandals—more frequently reported from dentists than any other healthcare profession—lawsuits, overtreatment, and dentists' excessive self-promotion and commercialization are tainting the profession's image.

What can we do? One important idea is to improve patient communication. Dr. Gordon Christensen suggests that we should always have all possible treatment options explained to our patients and clearly delineate between "mandatory treatment" and "elective treatment" (Christensen, "Elective"). Commonly, patients presented with huge treatment plans without elective procedures properly explained as such, will visit another dentist for a second opinion. Upon finding out from the second dentist that many of the procedures in the first plan are elective, they commonly develop ill feelings for their previous dentist and it generally demeans the profession.

Most importantly, we can decide now to be perfectly honest. As dental students, we are developing the skills, habits, and style in which we will practice dentistry the rest of our lives. Ethical dilemmas will arise, and the stress of these situations clouds one's judgment. Now is the time to decide to be completely honest and ethical in all that you do, because this decision is much easier to make before a difficult situation presents itself. A great philosophy is to treat your patient the same way you would a family member or close friend. Being ethical in your practice will help develop your patients' trust in you. This increase in trust translates to more accepted treatment plans and more referrals to your office. Lastly, having integrity will bring you peace of mind and a greater satisfaction in the work you are doing.

For those interested in the references, please email [newsletterdistrict11@gmail.com](mailto:newsletterdistrict11@gmail.com).

