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NERB Week: "Need Every Resource...Bribe-able" Week

Esther H. Kim (DMD 2004)

The end of April is a pleasant time of warm breezes and blossoming trees. Spring has finally come...and with it —Spring Fever! In a flurry of activity at dental schools all around the Northeast, graduating students busily prepare for the most important exam in their professional lives: the North



East Regional Boards.

Fifteen states administer the NERB: Connecticut, District of Columbia, Illinois, Maine, Maryland, Massachusetts, Michigan, New Hampshire,

New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, and West Virginia.

There are 5 clinical exercises on the NERB: 2 simulated and 3 live patient. A dental student must complete each of these sections with 75% or better to attain the revered "NERB status" title—which, in simple English, means "pass."

Passing the NERB may seem like a daunting prospect to most underclassmen, but a 4th year student commented: "What they're asking for [as requirements] isn't too much. We've been doing these procedures for the past couple of years, so they're very familiar.

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ASDA

Boston University
School of Dental Medicine



Walk for
Hunger
May 5, 2002

Our cool T-shirt logo: creatively designed by Ariel, Taera, & Ron

Over half a million children and elderly are mal-

Boston's Walk for Hunger

Ariel Bales-Kogan (DMD 2003)

nourished in Massachusetts. Project Bread's annual Walk for Hunger, held on May 5, 2002, raises awareness and funding to this crisis.

On this beautiful Sunday, over 40,000 participants ventured out from the Boston Common on a 20 mile stroll through Brookline, Newton, Cambridge, and downtown Boston. 6 of your fellow ASDA members (Ariel, Bennet, Taera, Esther, Ron, and

Gabe) endured thousands of footsteps to make it to the finish line.

Collectively, we raised \$500 towards this worthy charity.

Feel free to break out your sneakers and join us next year! The more, the merrier...

"At mile 7, seeing a 55 year old man with cerebral palsy walk for his 27th consecutive year was one of the greatest inspirations in my life."

-Ron Patel

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Check us on-line at <http://dentalschool.bu.edu/asda>

The Format of the NERB

The **Dental Simulated Clinical Exercise** is a 6 1/2 hour long computer-based exam that tests your knowledge of

- 1) DOR (Diagnosis, Oral Medicine, Radiology) = 100 items
- 2) CTP (Comprehensive Treatment Planning) = 80 items
- 3) PPMC (Perio, Prostho, & Medical Considerations) = 100 items

The **Simulated Manikin Clinical Exercise** is technically 7 hours and 20 minutes long, but only 6 hours are allotted for the procedures:

- 1) Abutment preparation (PFM crown) of tooth #21
- 2) Abutment preparation (full cast crown) of tooth #19
- 3) Fabrication of acrylic, fixed partial denture (involving teeth #19-21)
- 4) Endodontic Therapy on tooth #8

The **Restorative Clinical Exercise** is 6 hours long. The following procedures must be performed on vital teeth:

- 1) a class II amalgam preparation and restoration
- 2) a class III or IV composite cavity preparation and restoration

The **Periodontal Clinical Exercise** is 3 hours long, but only 1 1/2 hours of actual treatment. 6 sections will be graded:

- 1) Patient Selection
- 2) Subgingival Calculus Detection
- 3) Subgingival Calculus Removal
- 4) Plaque/Stain Removal
- 5) Pocket Depth Measurements
- 6) Treatment Management

**6 teeth = 12 surfaces of subgingival calculus*

(Continued from page 1)

It's important though to read through the NERB manual, so you can avoid the little deductions that can add up to a lot."

Deductions like forgetting to write requests for anesthesia, not placing barrier tape on the pencil, or not placing a clean napkin every time you send your patient to the examiner.

The biggest concern in NERB week is patient selection. Your patients must have the ideal lesion or exact amount of calculus and must be reliable (hence, show up on time for your big moment to prove your worth to even the most demanding examiner).

A NERB examiner explained: "We're not out to get anyone. We are simply looking for minimal competency, so the most important thing to do is to just relax."

Well, relaxing may be a bit hard to do until AFTER the NERB is over. But good preparation and organization is key to

feeling confident and doing well on the exam.

Alas, let's not forget that this whole ordeal comes with a hefty price tag. So, if you've got some cash stashed under your mattress, this may not be a good time to go on a shopping spree down Newbury Street.

The application fee itself is close to \$1000. For finding the ideal patient, there's a charge of \$15 each for every patient you screen. Extra equipment not provided by the 5th floor may add up to a few more dollars. And of course, reimbursing your patients is always part of the unforgettable NERB experience—either cash or gifts (like dinner reservations or a free bleaching tray).

Here are some helpful tips to keep you on the right track for NERB week:

- 1) Look for patients early (1-2 months ahead).
- 2) Read the NERB manual over and over until you

know it by heart.

- 3) Follow the requirements for lesion & patient selection to the letter. Don't take risks.
- 4) Prepare your materials and instruments ahead of time & organize them into labeled packages and kits.
- 5) Get a dental student to be your assistant—look for someone reliable, comfortable to work with, and relaxing to be around.
- 6) Have your assistant come early to the 5th floor bay to set up, so that the patient can be seated ASAP.
- 7) Get all your paperwork ready ahead of time (but don't write the patient's name until they are actually seated in your chair!). This will help prevent you from making absentminded paperwork mistakes & save time.
- 8) Don't forget the blood pressure—take and record it.
- 9) Ask a friend to be a patient coordinator (helps patients fill out the medical history and consent forms & persuades them from taking off if you're running late).
- 10) Have a clean working area.
- 11) Always call a clinic floor examiner (CFE) when things are going less than ideal. Problems encountered must be recorded on a Progress Report and signed by a CFE.
- 12) Be calm and collected.
- 13) Keep the patient happy and comfortable no matter what!
- 14) Keep an eye on the clock!

ASDA Annual Happy Hour a Success!

Nikita Vakil (DMD 2004)

Once again the tri-regional dental schools of Boston came together for a night of excitement.

On Friday, March 8, the BU ASDA-sponsored event attracted over 100 dental students, who mingled throughout the night while enjoying cocktails and music.

The social allowed students to meet their classmates and future colleagues from Tufts, Harvard, and BU. ASDA Alternate Delegate Ron Patel (BU'05) graciously donated his home for this event, which provided to be an excellent location for everyone to have a good time.

Everyone seemed to enjoy themselves and students grabbed the opportunity to meet fellow dental students from other schools.

"The happy hour gave students, especially the first years, a chance to discuss various dental experiences with students from other schools, obtain advice from upperclassmen, and have the opportunity to meet new people,"

said second delegate Ariel Bales-Kogan, (BU '03).

Many students expressed interest in participating in other social activities involving Tufts, Harvard, and BU dental schools.

ASDA would like to thank everyone who attended and helped out with the happy hour. If you missed this social event, don't worry there is more to come!



BU ASDA council members (from left) Ron, Farshad, Catherine, Nikita, Erik, Amelia, Ariel, and Lily

Update on BU Predents

Julia Hoy (SAR 2004)

Ever since I've joined the Predental Society at BU, it just seems as though good things just keep happening.

Our first trip to Goldman was a success, our adventure at the Yankee Dental Congress was a wonderful experience, and more events are lined up for the future.

In the pursuit of dental knowledge, things just keep on getting better and better. And a recent shadowing trip to the dentistry portion at the Commonwealth Medical Group has led to a great opportunity.

I went to shadow Dr. Thomas Kilgore, associate dean

of advanced education at BUGSDM. He took the liberty to show me around the vast dental



Dr. Thomas Kilgore, DMD, FACD

office, that has specific sections for all areas of dentistry such as oral surgery, pediatric dentistry, and even orthodontics. Our first stop however was to a closet, where Dr. Kilgore handed me a white lab

coat to wear. I felt so professional!! Then I got to watch Dr. Kilgore extract some impacted wisdom teeth with the assistance of a postdoc student from BUGSDM, Dr. Davey. Dr.

Kilgore offered me the opportunity to come back to the office and shadow all the areas of dentistry when I had the time. I was even offered to come at the same time that BU's APEX students come to the office for their first orientation.

Taking up on Dr. Kilgore's offer, I came back that next Monday to shadow again. And if it wasn't already my lucky day to come and watch these dental professionals perform their skills, one of the patients of the dentist I shadowed was a part of the cast of the latest Survivor!!! Between lab coats, shadowing, and television stars, I'd have to say that I am feeling more confident about my choice to pursue dentistry.

The Artistic Dentist

A dental education is a very scientific process. Although never-ending, it does lack that certain ability to allow us to express ourselves in different and imaginative ways. This section is intended to demonstrate that dentists, too, have artistic and creative sides worth exploring.

If you wish to contribute to this section, please feel free to submit your material to your class representative or by email to estkim@bu.edu.



-Rohinton Patel (DMD 2005)



Catherine Bunin-Stevenson
(DMD 2005)

Great Little Tribulations

Sand that has touched the soul of another
Remembers the deeds of a selfless identity.
With it, forever, it carries the memories of all
That they have shared from an instant's contact.

The fate of each grain is measured!

Erosion of the heart's fondest desires
Need not follow with the wind.
Each path to be traveled sculpts a unique
Future of managed chances.

-Ariel Bales-Kogan (DMD 2003)

Legislative Update

Catherine Bunin-Stevenson (DMD 2005)

In my last column, I discussed the importance of legislation and its impact on you, my peers, as dental students and as soon-to-be practicing dentists. In this issue is an update of the latest legislation currently on the table as we progress through school.

Radiographic Guidelines:

As dental students, we all take radiographs. We are responsible for knowing the law as it applies to our practice and the methods by which we take the films. But did you know that the guidelines for taking radiographs will be changing at the request of our governing body?

On March 22, 2002, the ADA wrote to the FDA and requested new guidelines for dental radiographs. The current guidelines were written in 1987.

Since that time, dentistry has progressed in its use of radiographic technology and has changed some of the techniques used in taking radiographs.

The most striking change is the growing use of digital radiographs. The existing guidelines do not discuss the use of vertical bite-wings or diagnostic films for TMJ disorder, trauma or tumors.

Banning the Use of Amalgams:

Another current area of interest to students and practitioners is a piece of federal legislation introduced by representative Diane Watson of California. Last April, Watson introduced legislation (HR 4163), which would abolish the use of amalgams by 2007. This legislation

has been strongly opposed by the ADA.

ADA executive director, James B. Branson, stated: "The ADA and its members are committed to placing the patients' health first and to following the guidance of sound science in preventing and treating disease. Ms. Watson's proposal will not achieve its intended goal of enhancing patient safety. Rather it will limit the choices

impact on dental health care clinics, which offer reduced fee services for socioeconomic groups unable to afford private care.

Tax-Exempt Loan Repayments:

Are you a student who is considering a career in the NHSC (National Health Service Corps)? Did you know that even though your scholarship is not taxable, your loan repayment benefits are? If the ADA has anything to say about it, however, they may not be by the time you get out of school.

On April 12, the ADA met with other organizations to draft legislation that will be introduced by Senator Marie Cantwell (D-Wash) and if passed, will make NHSC loan repayments tax exempt.

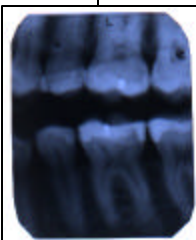
So, as you can see, there are lots of issues being tossed around in Washington that can directly affect how you practice, how you pay your loans, and even what materials you can use in your operatory.

Top picks for dental legislative issues today:

1. Updated guidelines for radiographs
2. Should amalgam be banned?
3. Tax exemption on loan-reimbursement

of American dentists and patients and, in the process, unnecessarily increase the cost of dental care."

If this legislation passed, it would have a horrific



And th'asda way it is. . .

Do you want to specialize or do general dentistry?

I would like to do general dentistry. I'd hate to do the same thing over and over again all day long. I'd personally get bored. As a general dentist, I will have many different cases, and I can use my skills in many different areas. I will not be limited to do one thing and one thing only.

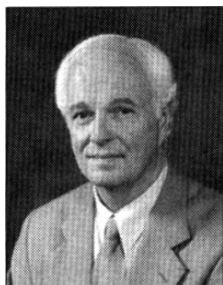
General dentistry—after 4 years of school, you want to make money, baby!

I'm choosing to be a general dentist for the simple fact that general dentistry offers a myriad of tasks as opposed to specializing, which only offers a limited scope of practice.

I like the variety of procedures that I'm able to do in general dentistry—not to mention that I would like to have my first kid before age 30 (my eggs aren't getting any younger!)

In-Profile: Dr. McManama

Ariel Bales-Kogan (DMD 2003)



John C. McManama, DDS,
*professor, department of
restorative sciences and
biomaterials, Boston University
Goldman School of Dental
Medicine; private practice,
Cambridge, MA*

Operative dentistry is a critical part of our education, and the man behind this course has always captivated our attention. Lecture after lecture, students are regularly presented with well-organized, well-delivered, cutting edge information. It is obvious that Dr. McManama makes this course roll like the Mercedes of all courses, and yet beyond the classroom doors, we know very little about him.

Dr. McManama obtained his DMD degree in 1975 from the Loyola University School of Dentistry in Chicago, an institution which has recently closed its doors. He then proceeded to complete a General Practice Residency (GPR) at the Forsyth Institute, here in the Boston area.

Believe it or not, Dr. McManama never had aspirations to teach in any capacity. Upon finishing his GPR, he wanted nothing more than to concentrate his efforts on starting his private practice.

At the time, Dr. Lloyd Chasen was the director of Forsyth's GPR program as well as the newly appointed chairman of the general dentistry department at the Boston University Goldman School of Dental Medicine. That was 1976, and the DMD program at BU was just starting for the very first time. Dr. Chasen was faced with the difficult task of finding faculty members

for his department and pursued Dr. McManama with great persistence. Because of this constant pursuit, Dr. McManama finally caved in and agreed to work for the school as a faculty member on a part-time basis.

For the first two years, Dr. McManama volunteered on the clinic floor one day a week. Afterwards, he increased his clinic floor commitment to two days a week. Dr. McManama quickly realized how much he enjoyed teaching—hence, his current involvement with BUGSDM for the past 26 years.

After roughly 10 years, Dr. McManama became the chairman of the general dentistry department, holding that role from 1986 to 1995. In the late 90's, he began to run the pre-clinical operative program, which he still currently administers.

Dr. McManama finds much enjoyment in the teaching aspect of his career, although he confesses that at times, putting together materials for 3-4 courses running simultaneously can be overwhelming. Nevertheless, from a student's perspective, he appears to breeze through these duties with great success and efficiency.

With 26 years of experience, Dr. McManama has no plans for retirement. He remarked: "My father is a physician, 85 and still working. I don't plan on retiring at 60."

Dr. McManama's private practice is located just outside of Harvard Square. He started the practice as a solo-practitioner, and it has now grown to a busy office of four general dentists and three prosthodontists. It's not hard to imagine the immaculate organization of his office—with instructions for the latest dental materials posted neatly on the inside of cabinets and the exquisite attention to detail that the entire staff partakes in.

Dr. McManama plans to continue working for as long as he can—until the point comes along when he is unable to do it well or stops enjoying it. However, with his currently packed six-day schedule, he intends to lighten his load a bit over the next 10 years. The good news (for us students, at least!) is that

he will probably cut back on the hours from his private practice and not from his teaching duties at BUGSDM.

To many of us, Dr. McManama is a mysterious figure outside of the classroom. Personal glimpses are seen in the SLC after labs, when music ranging

from jazz to blues to classic rock play over the speakers. But what is Dr. McManama's personal life like? Curious minds want to know...

Dr. McManama has been married for the past 26 years and lives with his wife in Jamaica Plain, just outside of Boston. He grew up in Waltham

"...[I'd like] to be remembered as someone who made a big impact..."

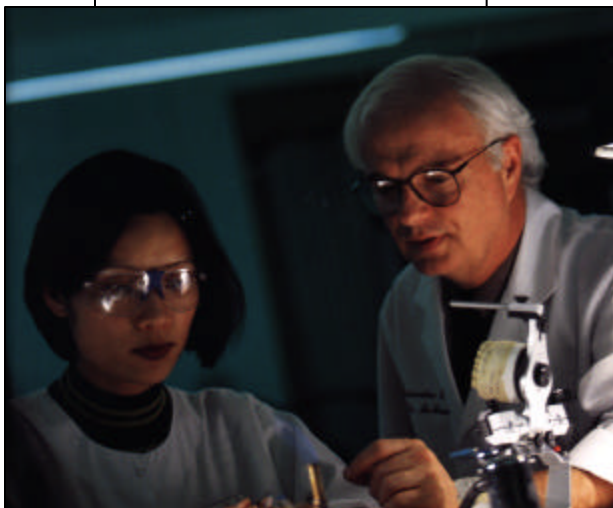
-Dr. McManama

(Continued on page 7)

(Continued from page 6)

as the eldest of 9 brothers and sisters.

Whenever the opportunity presents itself, Dr. McManama enjoys traveling around the world with his wife. Some of his



Dr. McManama instructs a dental student on a restorative project.

that he pays his respects to, he doesn't fall shy of admitting that Dr. Black serves as a very important mentor and role-model to him. Like the incredible revolutions that Dr. Black brought forth to dentistry, Dr. McMan-

ama would also like to do something that truly changes and improves the world, even if it's merely something small. One of his wishes is "to be remembered as someone who made a big impact"—on the world or on an individual.

With very little free time outside of the clinic, Dr. McManama is an avid believer of using spare time for complete rest and

relaxation. He is also an unwavering manual toothbrush user—a good ol' fashioned Oral-B 60, straight brush with Arm and Hammer Peroxicare toothpaste. He sees no reason why an electric brush is needed so long as his manual dexterity holds up.

For those students transitioning to the clinic, Dr. McManama has some words of advice to share. The most important one is "to give a damn about your patient."

If the patient senses that you care about them, every-

thing else becomes secondary and will just snowball. You'll start developing trust and feel good about your work—that is, you'll "feel a real sense of accomplishment." Otherwise, if you simply focus on your requirements and neglect the patient's welfare, it just won't work. Caring for your patient is something you should practice both in school and after graduation, as a practitioner.

An additional piece of advice for those of you about to graduate is to not "be afraid to realize how little you know ... keep asking, seeking advice, and getting more information."

Dr. McManama confesses that one of his biggest mistakes right out of school was not asking enough questions to those that knew more and had more experience when he didn't know what to do. He didn't realize that when one is immediately "out of school, [one's] still a student." So, don't ever be afraid to ask questions!

Looking ahead to your 10 year graduation reunion, when you spot Dr. McManama in the crowds, don't forget to thank him for the incredible education he provided you. There is not much more that gives him a better sense of pride and accomplishment in his teaching than to hear that it has made a difference in your life and how you practice dentistry.

Upcoming Events...

June 5 *Pizza & Politics with ADA (Free lunch)*



June 12 *Massachusetts Dental Society Council on Membership Meeting*

June 15 *Special Olympics, Special Smiles*

June 26 *Lunch n' Learn with Oral B (free lunch and toothbrushes!)*

August 15-17 *ADA Conference on the New Dentist in San Antonio, Texas.*

August 28-September 1 *ASDA Annual Session in Portland, Oregon.*

September 22 *Ride for Hunger*

Announcements...

- Congrats to the DMD 2005 class for 97% participation in the ADA freshman class contest; BU got 3rd place nationally!
- Congrats to Amelia Grabe for obtaining the ASDA Research summer externship.
- Congrats to Ariel Bales-Kogan for being re-appointed to the position of ASDA Consultant on Research.

Practical Application: Useful Tips for the 5th Floor Clinic

1) When first starting out in clinic, try to get one of your classmates to come in and assist you—even if it's for something simple like a consult... until you feel comfortable enough working on your own.

2) Even if you feel unsure of yourself when you first start off in clinic, exude confidence when working on patients because if they see that you don't know what you're doing, that will make them feel very uncomfortable!

3) If you do something wrong or poorly in clinic, don't stress out too much about it. Take it as a learning experience, and just try not to make the same mistakes again.

4) Keep in mind that the clinical instructors may ask you lots of questions about the procedure you're doing, and it may seem as if they're "out to get you." But they really are interested in teaching you, and asking you difficult questions is one of the ways they do this.

5) When doing perio procedures, make sure you do them in sequence and also in a correct and timely manner, because Dr. Polins really looks for that. For example, usually you will do a consult, then a cleaning, then a re-evaluation 2-6 weeks after the cleaning.

Re-evaluations are a pain-in-the-butt, but you gotta do it. Patients usually won't like coming in for just a re-eval so try to schedule a re-

eval and maybe a simple filling that you can do in the same session.

Also, if a patient is on a 6 month recall, make sure you ring them in at about 6 months. You have to do a certain number of recalls in order to graduate and it may seem that that number isn't very large, but getting some patients to come back for recalls can be difficult.

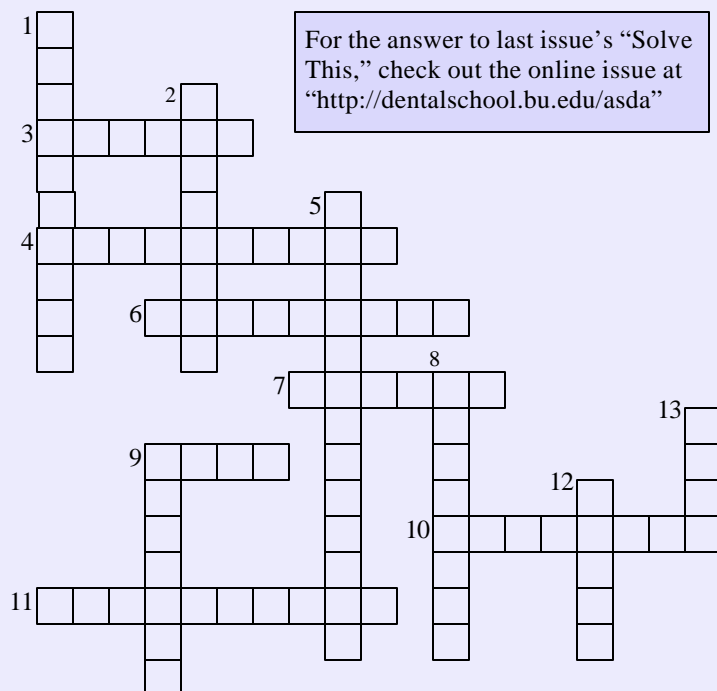
6) Before seeing a patient for the first time, pick up the chart and all necessary consult forms in advance. Fill in as much info as possible beforehand—this will provide extra valuable time in the clinic with your patient.

7) Make sure everything in your operatory works (check the suction, water, light, etc) before seating your patient.

8) If your patient is taking medication, know what it's for and their relevant side-effects. The clinic faculty may ask you about them, so be prepared!

Solve this!

For the answer to last issue's "Solve This," check out the online issue at "<http://dentalschool.bu.edu/asda>"



Across:

- 3) the cavo-surface angle for amalgams
- 4) first permanent tooth to erupt
- 6) Dean Frankl is this type of dentist
- 7) popular lunch place around school
- 9) still the best restoration material for posterior teeth
- 10) cafeteria in dental school
- 11) acid removes this

Down:

- 1) a 6 yr old will have this many teeth visible
- 2) Dr. Zoller's favorite tv show
- 5) method of patching block temps
- 8) professor of Dental Anatomy: Dr. _
- 9) Dr. McManama's "god" of dentistry
- 12) _____ n' Learn
- 13) formerly known as DSI

