

Consortium of Operative Dentistry Educators  
2008 National Code Agenda

**The National Agenda for 2008** was established after review of the suggestions contained in the reports of the 2007 Fall Regional meetings, National CODE Meeting and from the Regional CODE Directors. Previous National agendas are reviewed to avoid topic duplication. Inclusion of a previous topic may occur for discussion from the aspect to what has changed and the response/action taken and the outcome.

Thank you to the Regional CODE Directors and the membership for making recommendations to establish the National Agenda. Each Region is encouraged to also have a Regional Agenda.

**Each school attending the Regional Meetings is requested to bring their responses to the National Agenda in written form AND electronic media**  
**This information is vital to the publication of the Annual Fall Regional Report.**

---

Continue to invite your colleagues, who are Dental Licensure Board examiners and your Military and Public Health Service colleagues who head/instruct dental education programs to your Regional meetings.

**Each Region should select next year's meeting site, date or tentative date during your Fall Regional CODE meeting so this information may be published in the Annual Fall Regional Report and on the Web site.**

**The Regional meeting reports** are to be submitted to the National Director in **publishable format** as an attachment to e-mail.

***The required format and sequence will be:***

- 1. CODE Regional Meeting Report Form\*\****
- 2. Summary of responses to the National Agenda.***
- 3. Individual school responses to the National Agenda***
- 4. The Regional Agenda summary and responses.***
- 5. CODE Regional Attendees Form\*\****

\*\* (Copies may be obtained from the Web site:  
<http://www.unmc.edu/code/>).

**NOTE:** to locate the web site via a search engine, enter Academy of Operative Dentistry and then use the link CODE and ADEA.

Send a hard copy and an electronic copy of the report to the National Director. Both electronic and hard copy versions are to be submitted **within thirty (30) days** of the conclusion of the meeting.

Consortium of Operative Dentistry Educators  
2008 National Code Agenda

**National CODE Meeting:**

The meeting will be held **Thursday, February 26, 2009 from 4:00 pm to 6:00 pm** at the Fairmont Hotel in Chicago, Illinois. Suggestions as to how to make this meeting productive and efficient are requested.

**National Directory of Operative Educators:**

The CODE National Office maintains the National Directory of Operative Educators as a source for other professionals. It is imperative that the information be as current as possible.

To update your university's directory listing on the CODE website, <http://www.unmc.edu/code/>, click on the red link, "Please help update," found under the CODE menu on the left side of the screen. Make any necessary changes and click "submit form".

Please have each school in your Region update the following information for the National Directory of Operative Educators:

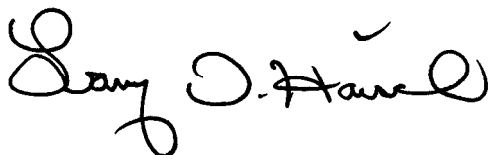
*School name and complete mailing address*

*Individual names: (full time), phone #, fax #, e-mail address of faculty who teach operative dentistry.*

*(This could be individuals in a comp care program, etc. if there is no defined operative section of department.)*

Your help and cooperation in accomplishing the above tasks helps save time and effort in maintaining a complete web site and publishing the Annual Fall Regional Report in a timely fashion.

Thank you,



Larry D. Haisch, D.D.S.  
National Director, C.O.D.E.  
UNMC College of Dentistry  
40<sup>th</sup> & Holdrege Streets  
Lincoln, Ne 68583-0750

lhaisch@unmc.edu  
Office: 402-472-1290  
Fax: 402-472-5290

**2008 NATIONAL CODE AGENDA**

*(Please cite the evidence were applicable. If utilizing reports/forms/schedules from your Regional schools, please submit these as PDF files for utilization in the Annual Fall Regional Report )*

**I. Use of Simulation in Teaching and Testing: Now and in the Future.**

Typodonts and simulation have been an accepted protocol for training and measuring competency for dental students prior to performing procedures on patients. In addition, simulation has been used for over ten years as a means to evaluate competency by licensing agencies. Simulation includes not only the standard surgical procedures as crown preparations, but also restorations and endodontic procedures. Simulation is used as a default option in order to provide training for students when there are insufficient patient resources; i.e., porcelain veneer procedures, ceramic inlay/onlays, etc. The ADA, ADEA and other dental organizations have expressed opposition to the use of human subjects for licensing examinations.

It would be appropriate to discuss the use of simulation in Teaching and Testing especially as relates to validity and reliability.

**1. What procedures are you currently simulating in the pre-clinical laboratory?**

	Yes	No	Comments
Operative			
Crown and Bridge			
Endodontics			
Periodontics			
Oral Surgery			
Pediatrics			
Esthetic Dentistry			
Implants			

Consortium of Operative Dentistry Educators  
2008 National Code Agenda

2. Are there any procedures taught in simulation that a majority of your students do **NOT** perform in the clinic? Please list.
  
3. Are you utilizing simulation to teach some or all of your PRE-CLINICAL endodontic procedures? Yes/No. If **YES**, please list.
  
4. Are there any required CLINICAL competencies that you test on typodonts rather than patients? Yes/No. If **YES** please list.
  
5. Besides the standard uses for typodonts and simulation that most schools are teaching such as cavity preparations, crown preparations, etc. what innovative or new techniques have you incorporated into your simulation laboratories?
  
6. Do you use performance in the **simulation lab** as a means to identify superior students? (For example selection into honors programs). Yes/No. If **YES** please explain:

Consortium of Operative Dentistry Educators  
2008 National Code Agenda

7. Is it your observation that student performance in simulation mirrors their performance in the clinics with similar procedures? Yes/No. Please explain:
  
8. Has it been your observation that students who perform better in the simulation laboratory are more successful in licensing examinations? Yes /No Comments:
  
9. The Western Regional Boards is reluctant to adopt a simulation crown preparation as part of their examination even though other testing agencies with results accepted by over forty states have used simulation for over 10 years. Is there any evidence that would demonstrate that the manikin crown procedure is not a valid or reliable way to test competency for a licensure candidate? Please explain and provide references.

**II. Principles of Cavity Preparations - Outline Extension**

Earlier this year the following questions were asked and the results were posted on the CODE web site. Schools should again respond and expand on as requested. Answer each questions and provide the rational/evidence for each answer. Are these conceptions taught in the pre-clinics then applied in the clinics? If **NO**, please comment.

1. Must facial, lingual, and gingival walls be extended to completely break contact with the adjacent tooth if not dictated by varies/penetrable decalcification? Yes/No. Rational/Evidence. Applied?
  
2. Is there a difference in extension criteria between Class II amalgam and Class II composite preparations? Yes/No. Rational/Evidence. Applied?

Consortium of Operative Dentistry Educators  
2008 National Code Agenda

3. For the anterior Class III, is it required that proximal contact be broken gingivally? Facially? Incisally? Yes/No. Rational/Evidence. Applied?
  
4. What questions/comments do you have based on the survey results? See CODE web site (<http://www.unmc.edu/code/>.)
  
5. Other comments related to Principles of Cavity Preparation other than those outlined.

**III. Caries - Treatment/Detection**

***Treatment of deep carious lesions by complete excavation or partial removal - A Critical Review, JADA, Vol 139, 705-712, June 2008***

(This is not a repeat of a related agenda question, 1999, 2007)

1. Does your school teach the concept off incomplete caries removal? Yes/No.  
If YES, for how long? How well accepted and applied by the faculty?  
If NO, why not? Should it be taught?
  
2. Other comments related to the meta-analysis on this topic?
  
3. Is Atraumatic Restorative Treatment (ART) taught for root caries? What has been the experience?

Consortium of Operative Dentistry Educators  
2008 National Code Agenda

4. What methods of caries detection are taught in schools (e.g., Explorer (how used), visual, Diagnodent, transillumination, fluorescence, other?)
  
5. Does your school use caries detection dye? (Please list product(s). Do students and/or faculty use caries detection dye? What are the criteria?

**IV. Health and Safety Issues Related to Teaching/Practicing Dentistry**

1. How are **extracted teeth** with amalgam handled and stored? How long has the protocol been in place? What is the basis/science behind your school's protocol? Are the protocols different for amalgam-free extracted teeth?
  
2. Have there been **air-quality issues** with fumes and/or particulate matter? What is/are the specific issue? How did the issue surface? (Inspector, complaint, etc.) What was the resolution?
  
3. Have there been issues with **noise**? If **YES**, please respond per the questions asked in the air quality issue.
  
4. What are your school's protocols for dealing with **student** accidental needle sticks, bur punctures, and blade cuts?

Consortium of Operative Dentistry Educators  
2008 National Code Agenda

5. What are the protocols for **patients** injured during procedures by burs, diamonds, disks, blades?
  
6. Does your school have concerns with Bisphenol A in resin restorations? What is the evidence? If **YES**, please explain:

**V. Curriculum**

1. Has your pre-clinical or clinical operative curriculum recently undergone a significant revision? What changes did you make (additions or deletions)? Why did you make the changes and what positive or negative outcomes have you seen?
  
2. What is the time gap (in semesters or quarters) between the end of pre-clinical operative dentistry and the start of clinical operative experiences for your students? Describe the curricular progression of your students in operative dentistry (Example- Freshman pre-clinical operative, Sophomore block clinic rotation, Junior-Senior clinics, or Junior clinic, Senior Comprehensive / General Dentistry clinic). Is there any concern with diminishing knowledge or skills between pre-clinic courses and pre-clinical practice? What types of knowledge or skill erosion did you observe and what have you done about it?

Consortium of Operative Dentistry Educators  
2008 National Code Agenda

**Regional CODE Agenda**

*To be established by the respective Region and Regional Director. Please also report on responses to the Regional Agenda from all participants.*

**Suggestions for CODE.**

1. What can the organization do to improve its effectiveness?

2. Any comments or suggestions to improve the Web site?

<http://www.unmc.edu/code/>

**NOTE:** to locate the web site via a search engine, enter Academy of Operative Dentistry and then use the link CODE and ADEA.

3. Other comments/suggestions?