

National CODE meeting
02/27/03
4:20 P.M.

Minutes of the National CODE meeting held in Chicago

Dr. Larry Haisch welcomed everyone to the meeting and reminded every body to sign up. He mentioned it was great to have AOD honor the late Dr. Bill Ferguson at lunch during the Academy meeting. Bill was one of the founders of CODE.

Larry introduced Drs. Kevin Frazier, Bill Gray and myself as executive committee members of CODE and thanked AOD for the time and place for this National CODE meeting.

At this point, Larry invited Susan Grinnell to come forward. Susan talked about her website for the AOD and asked Operative faculty to give her their names and addresses to list on her website (op-dentistry.com).

Larry introduced CODE website master- Dr. Bill Johnson and thanked him for his work. He informed members that the 2002 CODE reports have been mailed and posted on the website. He gave a brief overview of the report:

1. The gold inlay is a dead horse, emphasis in teaching is on the onlay. Sometimes Fixed Prosthodontics teaches castings rather than Operative Dentistry. Detail and accuracy are tested better with the gold inlay than composite inlays.
2. Demand for gold onlays may grow due to amalgam controversy.
3. Posterior class II composites are being done at most schools. Only some schools have preclinical and clinical requirements. Others don't. Very few schools have clinical expectations in this area.

Dr. Haisch went on to inform the members that two schools had regional agendas and came up with suggestions for the National agenda. We are slowly improving our CODE reports- regional summaries are being incorporated into the reports. In the future, electronic reports ONLY may be considered.

Dues collection remains a challenge. Dr. Haisch thanked Drs. Reinhardt and St. Germaine for their support.

Dr. Kevin Frazier reported:

1. One half of the CODE schools have rigid clinical requirements for cast gold procedures.
2. 100% of the schools teach class II posterior composites. Ivar Mjor commented that one half of the schools did not teach posterior composites in the late 90's. Half of the schools have pre clinical requirements. 35% have specific clinical requirements.
3. 50-60% of the schools teach indirect composite or porcelain inlays/onlays. Only two schools have clinical requirements or competencies in this area.
4. Southern Regional Boards have added indirect tooth-colored inlay as an option for the exam. It was brought up that it may be hard to judge if the procedure was completed as a direct composite or an indirect composite inlay.

Dr. McCoy added that Western Regional Boards have added the option of direct class II composites instead of gold inlays.

Dr. Peter Triolo mentioned that the Western Board would add an indirect composite inlay as an option instead of the gold inlay. But instead they added a direct class II composite.

Students at Dr. Triolo's school performed very poorly as they did not get good proximal contact with direct class II composites. All who chose to do the gold inlay passed the exam.

Dr. Cobb mentioned that examiners at Board exams are not used to grading composite restorations. Slot preparations are now acceptable at boards but examiners are not used to them, so students doing these fare poorly.

Dr. Haisch encouraged CODE members to continue interaction with State Board examiners.

Dr. Ronald House mentioned Boards' definition of bases and liners.

Dr. Dan Chan asked Dr. Triolo if the board's criteria were the same for amalgam and composite preps and restorations and the answer was yes. Another member added that proximal wall bevels are needed for posterior composite preps.

Dr. Cobb announced the Operative Section program, business and executive council meeting and CODE forum and luncheon (supported by Ultradent and Dentsply) at the Annual ADEA meeting in San Antonio.

Dr. Haisch asked members attending if the description of CODE was accurate and what more it could/should do?

It was suggested that innovative teaching techniques may be presented at the AOD meeting Table Clinic session, by CODE. The academy could designate a certain number of tables as teaching (CODE related). Dr. McCoy agreed that it was a good idea to have some teaching related clinics than all research related.

Dr. Cobb mentioned that summary and analysis from regional meetings should be presented at national meeting.

Dr. Frazier mentioned that recommendations for the Fall meetings should be generated at the National CODE meeting and the results of the Fall CODE meeting should be presented at the National CODE meeting and ADEA.

Dr. Poonam Jain asked the members to come up with the top three problems for Operative Dentistry educators today and use those as the basis of the regional fall meetings' agenda. Following were the problems suggested:

1. Clinical experience in operative dentistry- recently at one school a senior student was cutting a class II preparation for the first time during mock boards.
2. Dr. Gray from London: Not enough patients available for good experience in operative dentistry. This has lead to reduced requirements and competencies are too stressful. There was discussion regarding the terminology- minimal expectations/recommended expectations/requirements etc. and some schools said it was hard to get enough patients for all procedures.
3. Dr. Mjor said the cariology is not taught adequately in U.S. dental schools. It was said that Connecticut has a good cariology program but it is not right to compare U.S. schools to Scandinavian schools. Cariology and Operative Dentistry should not be separated.

Dr. Frazier mentioned that the data gathered at CODE meetings should lead to a position statement and disseminated through the Operative and possibly ADA journals. It should be presented at the National CODE, AOD and ADEA meetings and taken to deans of dental schools.

4. Daily grading of clinical operative procedures is a problem. Dr. house mentioned that their school is now using an evaluation form rather than just a grade. Dr.

McCoy said that their school in Washington state has issued palm pilots to all clinical instructors so that their daily feedback can be downloaded into the central computers.

An announcement was made regarding the event to honor Dr. Jim Summit on April 12th, 2003.

Respectfully submitted by Dr. Poonam Jain.