

Consortium of Operative Dentistry Educators  
2010 National Code Agenda

**The National Agenda for 2010** was established after review of the suggestions contained in the reports of the 2009 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.**

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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.

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**National CODE Meeting:**

The meeting will be held **Thursday, February 24, 2011 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:

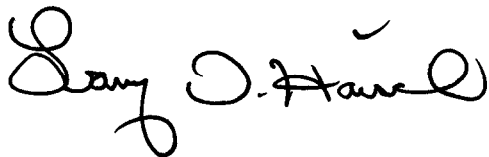
*School name and complete mailing address*

*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,



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## 2010 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. CURRICULUM

1. The FDA recently reclassified dental amalgam and its component parts as Class II medical devices (moderate risk), has this caused any concern about the future use of amalgam in your school or state?
2. Clinically, has there been a change observed in the ratio of amalgam to composite resin procedures?
3. How are amalgam, adhesive resin, and indirect restorative techniques organized into the preclinical curriculum?
4. When (semester/year) are they taught?
5. Has there been any change in the number of hours in the curriculum dedicated for each restorative material?
6. Are you using web-based tools for teaching Operative Dentistry? If yes, provide examples and comments including advantages/disadvantages.
7. What instruments, rubrics or other techniques do you use to develop student SELF-assessment skills throughout dental school? (How do you teach them to effectively critique themselves?)
8. How are you testing for competency during the CLINICAL phase of school in operative Dentistry? Do you have clinical restorative requirements? If yes, how does it mesh with CODA Standards?

## II. INSTRUMENTATION

1. What are the best instruments or techniques for developing and enhancing student hand skills?
2. Are students taught the use of hand instruments for cutting, shaping and refining tooth preparation in Operative dentistry? What is the level of clinical utilization?
3. Does your school teach or not teach bevels on the gingival and proximal cavosurface margins for posterior class II composite resin restorations? What are the observations? What is the evidence in support of the teaching?

## III. MAGNIFICATION

1. The use of magnification in the practice of dentistry has become widespread enough that it is now the norm rather than the exception. While there is no argument that magnification allows for a more detailed view of one's work, does the use of magnification by educators improve the evaluation of that work? In other words, is there a statistically significant difference between performance evaluation with and without the use of magnification? What is the basis for the response? Opinion, observation, evidence (*Please cite the evidence*)

**Compilations of the Magnification Survey results will be posted to the CODE web site in September – please review and discuss this survey.**

## IV. MATERIALS

1. How are you teaching the use & handling of true RMGIC's (Resin Modified Glass Ionomer Cements) at your school? (liner, base, build-up material, Cl. V restorations, open & closed sandwich restoration, with resin composite and amalgam). Which products are you using & do you adhere to manufacturer's mixing instructions & proportions?
2. What is the primary bonding agent type used in your undergraduate operative clinic? Specify by "generation."
3. Do you teach and use chlorhexidine or other material as a re-wetting agent, or to preserve the hybrid layer prior to applying bonding agent?
4. Are you using desensitizing agents such as Gluma under restorations or crowns?
5. What type of luting media is being used for conventional inlays, onlays, and crowns?

**V. TECHNOLOGY**

1. What new technologies relating to the computer assisted dental simulators and grading or imaging technology are being utilized or considered at your school?
2. What is your school's (and/or Department's view) on the use of lasers in Surface treatment of bonding?
3. What is your school's (and/or Department's) view on the use of lasers in Cavity preparation?

**VI. SURVEY - COMPOSITE REPAIR**

**Nature and extent of teaching of direct-placement composite restoration repair**

*Please answer as many questions as you can*

1. What is the name of your dental school?

*Please note this will not be used to identify your institution, let alone you, in any of the results; it simply allows us to track non-respondents.*

2. Do you teach undergraduate students techniques for the repair as an alternative to the replacement of failing composite restorations?

Yes  No

**a.** If you selected 'No', do you intend to introduce the teaching of repair techniques in the next five years?

- No clinical experience of repairs
- Poor experiences with composite repairs
- Lack of evidence
- Other (*please specify*): \_\_\_\_\_.

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**3.** If you selected 'Yes' to Q2 above (i.e. you do teach undergraduates techniques for repair of direct composite restorations), please indicate your reasons for doing so:

*(select all that apply)*

- Clinical experience
- Existing evidence
- Case reports
- Other *(please specify)*: \_\_\_\_\_.

**4.** If your teaching of undergraduate students includes techniques for the repair as an alternative to the replacement of failing composites, please indicate the nature of this teaching?

*(select all that apply)*

- Didactic only with no clinical experience
- Didactic teaching with clinical experience
- 'Ad hoc' clinical experience based on case scenarios encountered in student clinics

**5.** Please indicate (select) the indications taught for repair rather than replacement of direct composite restorations

General considerations:

*(select all that apply)*

- Tooth substance preservation
- Reduced risk of harmful effects on the pulp
- Reduction in treatment time
- Reduced costs to the patient
- Other *(please specify)*: \_\_\_\_\_.

**a.** Restoration related failures

*(select all that apply)*

- Secondary caries
- Marginal defects
- Marginal discoloration
- Superficial/ surface color correction

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- Restoration discoloration labial/ buccal
- Restoration discoloration occlusal
- Restoration discoloration cervical
- Restoration discoloration proximal
- Discoloration involving more than one surface
- Partial loss of restoration
- Abrasion/ attrition/ erosion
- Bulk fracture of an anterior restoration (incisal)
- Bulk fracture of an anterior restoration (proximal)
- Bulk fracture of an anterior restoration (proximal-incisal)
- Bulk fracture of a posterior restoration (occlusal)
- Bulk fracture of a posterior restoration (isthmus fracture)
- Bulk fracture of a posterior restoration (box fracture)
- Bulk fracture of a posterior restoration (marginal ridge fracture)
- Other (*please specify*): \_\_\_\_\_.

**b.** Tooth related issues: Fracture of tooth tissue adjacent to an existing composite restoration  
(*select all that apply*)

- Anterior tooth (tooth fracture from incisal region)
- Anterior tooth (tooth fracture from proximal region)
- Anterior tooth (tooth fracture from proximal-incisal region)
- Posterior tooth (cusp fracture)
- Posterior tooth (cracked tooth)

**6.** In general do you find patients willing to accept composite repairs as an alternative to restoration replacement?  
(*select all that apply*)

- Yes
- No
- Other (*please specify*): \_\_\_\_\_.

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7. What do you consider to be the acceptable longevity of a repair to an existing composite restoration?

\_\_\_\_\_ (years)

8. Please indicate the instruments, surface treatment and materials included in your teaching of the repair of composite restorations?

Instruments: *(select all that apply)*

- Diamond finishing instruments
- Tungsten carbide finishing instruments
- Finishing discs
- Composite polishing points
- Composite polishing paste

Surface treatments

*(select all that apply)*

- Mechanical roughening with removal of exposed surface
- Cleaning with slurry of pumice
- Acid etching with phosphoric acid
- Acid etching with hydrofluoric acid
- Aluminum oxide air abrasion
- No mechanical surface treatment

Materials

*(select all that apply)*

- Silane coupling agent
- Dentine/ enamel bonding agent
- Flowable composites
- Hybrid composites
- Nano-composite
- Glazing resin

Do you use any other techniques you would like to tell us about?

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9. Do you monitor repaired composite restorations as part of a recall system?  
(select all that apply)

- Yes
- No
- Other (please specify): \_\_\_\_\_.

10. In general, do repair procedures increase the longevity of your direct composite restorations by:  
(select all that apply)

- 10%
- 30%
- 50%
- 100%
- Unknown
- Other (please specify): \_\_\_\_\_.

11. What evidence/ existing literature do you rely on for teaching of the repair of direct composite restorations?

12. Are there any thoughts/ opinions/ comments you would like to share with us on the teaching of the repair of direct composite restorations or this clinical technique in general?

**Thank you very much for your responses to this detailed survey of teaching composite repair philosophies and techniques.**

**The on-line version of this survey can be accessed at the following link- \*\*\*\*\***

**At time of posting of the National Agenda, link not available. Notice will be sent when link is available.**

**Please transfer your answers from this form to the on-line survey prior to the start of your Regional CODE Meeting.**

**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.**

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