

**The National Agenda for 2012** was established after review of the suggestions contained in the reports of the 2011 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", click on "member", then use the link "CODE & 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.

#### **National CODE Meeting:**

The meeting will be held **Monday, February 25, 2013** from 4:15 pm to 6:00 pm at the **Westin Michigan Avenue Hotel, room TBA** 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:

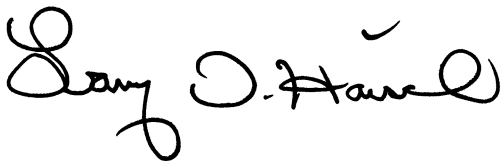
*School name and complete mailing address*

*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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## 2012 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)*

### GENERATION Y/MILLENNIAL DENTAL STUDENTS

#### **Background:**

During a recent ADEA (American Dental Education Association) board meeting in Washington, D.C., 40 millennial dental students discussed their perceived strengths and weaknesses and other trends to shed light on how schools can provide better dental education. Millennials are those students born between 1979 and 1994. The dental students said they use technology constantly to access information, conduct business and stay in touch, and that the Internet, text messaging, digital music, and downloads were all vital to their lives. The students expressed a preference for the ease of use of technology, but wanted to ensure that personal interaction remained a key part of their learning experiences. Many students indicated that their best academic experiences were those that involved a great deal of hands-on learning and allowed them to study in a group setting. The students also felt strongly that the best professors were those who care whether students were learning class materials, rather than just memorizing them, and those who made themselves available for help when necessary.

#### **Millennial Generation (Generation Y):**

1. **Definition:** a term used to refer to the generation, born from 1980 onward, brought up using digital technology and mass media; the children of Baby Boomers; also called Generation Y.
2. **Common Traits:**
  - **Tech-Savy:** Generation Y grew up with technology and rely on it to perform their jobs better. Armed with BlackBerrys, laptops, cellphones, and other gadgets, Generation Y is plugged-in 24 hours a day, 7 days a week. This generation prefers to communicate through e-mail and text messaging rather than face-to-face contact and prefers webinars and online technology to traditional lecture-based presentations.
  - **Family-Centric:** The fast-track has lost much of its appeal for Generation Y who is willing to trade high pay for fewer billable hours, flexible schedules and a better work/life balance. While older generation s may view this attitude as narcissistic or lacking commitment, discipline and drive, Generation Y have a different vision of workplace expectations and prioritize family over work.
  - **Achievement-Oriented:** Nurtured and pampered by parents who did not want to make the mistakes of the previous generation, Generation Y is confident, ambitious, and achievement-oriented. They have high expectations of their employers, seek out new challenges and are not afraid to question authority. Generation Y wants meaningful work and a solid learning curve.
  - **Team-oriented:** As children, Generation Y participated in team sports play groups, and other group activities. They value teamwork and seek the input and affirmation of others. Part of a no-person-left-behind generation, Generation Y is loyal, committed and wants to be included and involved.
  - **Attention-Craving:** Generation Y craves attention in the forms of feedback and guidance. They appreciate being kept in the loop and seek frequent praise and reassurance. Generation Y may benefit greatly from mentors who can help guide and develop their young career.

## I. MILLENNIAL IMPACT

**A. Classroom/Didactic Experiences**

1. Has the way your department teaches the didactic component of restorative dentistry theory or concepts changed significantly in the last 10-12 years? (e.g. traditional class lectures replaced with small group discussion session, or most of the didactic curriculum is delivered on-line).
2. If yes, list or describe the most significant or obvious changes that were most likely/primarily due to generational characteristics in our current student populations compared to those from the late 1990's.
3. If yes, list or describe the most significant or obvious changes that most likely/primarily due to other causes and had little or nothing to do with current student characteristics (e.g. technology availability, limited faculty numbers, changes in the philosophy of the school's leaders or curriculum).

**B. Pre-Clinical Laboratory Experiences**

1. Has the way your department teaches the pre-clinical laboratory component of restorative dentistry theory or concept changed significantly in the last 10-12 years? (e.g. traditional work benches replaced with high tech manikin labs or significant use of patient simulators, like DentSim).
2. If yes, list or describe the most significant or obvious changes that were most likely/primarily due to generational characteristics in our current student populations compared to those from the late 1990's.
3. If yes, list or describe the most significant or obvious changes that most likely/primarily due to other causes and had little or nothing to do with current student characteristics (e.g. technology availability, limited faculty numbers, changes in the philosophy of the school's leaders or curriculum).

**C. Clinical Experiences**

1. Has the way your department conducts clinical teaching of restorative dentistry changed significantly in the last 10-12 years? (e.g. discipline clinics replaces by general dentistry clinics, traditional clinical requirements abandoned for "activity points")
2. If yes, list or describe the most significant or obvious changes that were most likely/primarily due to generational characteristics in our current student populations compared to those from the late 1990's.
3. If yes, list or describe the most significant or obvious changes that most likely/primarily due to other causes and had little or nothing to do with current student characteristics (e.g. technology availability, limited faculty numbers, changes in the philosophy of the school's leaders or curriculum).

**II. DIGITAL DENTISTRY**

- A. Has your school incorporated digital dentistry as impression taking, model formation, CAD-CAM, etc.?
- B. Which technologies are you using? Please name the brands.
- C. What have been your experiences with these technologies?
- D. To what degree are they used in the teaching program?
- E. Has this technology had a positive or negative impact on clinic income?
- F. Are all interested faculty trained or is there a specific "digital guru"?
- G. Has it replaced conventional techniques or does it augment conventional techniques?
- H. What is the response from the students?

- J. Are intraoral digital impressions taken or conventional impressions which are scanned afterwards?
- K. Do the students realistically have enough time to totally complete a restoration from preparation to cementation in a single appointment (morning or afternoon session)?
- L. Please indicate the time length of a morning or afternoon clinic session.

### **III. RESTORATIVE DENTISTRY**

- A. Are operative procedures in the clinics done the same way as taught in pre-clinics?
- B. Are the same materials, instruments and burs used?
- C. If there are differences, how are they reconciled?
- D. What methods/systems are taught for polishing composites?
- E. Are any bulk fill composite techniques taught? If yes, please describe.
- F. Once new materials have been approved for incorporation into the curriculum, how long does it take to get the new materials into the pre-clinical labs and clinics? What about new techniques – how long to implement into pre-clinic labs and clinics?

### **IV. SCHOLASTIC**

- A. What is considered scholarly activity at your institution?
- B. What are the expected standards for Assistant, Associate, and Full Professors?
- C. If your institution has clinical tracks, what are the expected standard levels for each level?

### **V. DENTAL COMPOSITE RESTORATIONS AND PSYCHOSOCIAL FUNCTION IN CHILDREN**

- A. What, if any, are the implications of the following article? Summarize and report the discussion.  
*Dental Composite Restorations and Psychosocial Function in Children.* Maserejian Nancy N., Trachtenberg Felicia L., Hauser Russ, McKinlay Sonja, Shrader Peter, Tavares Mary, and Bellinger David C. Pediatrics originally published online July 16, 2012. DOI: 10.1542/peds.2011-3374.  
<http://pediatrics.aappublications.org/content/early/2012/07/11/peds.2011-3374.full.pdf+html>
- B. In the last five years, has your College/School made policy changes that impact/restrict the utilization of amalgam? If yes, what are the changes and the rationale for such changes?

### **VI. REGIONAL CODE AGENDA**

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