

The National Agenda for 2013 was established after review of the suggestions contained in the reports of the 2012 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", 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 **Thursday, February 20, 2014** from 4:15 pm to 6:00 pm at the **Drake 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:

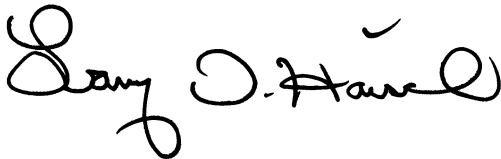
School name and complete mailing address

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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2013 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. CONSORTIUM OF OPERATIVE DENTISTRY EDUCATORS (C.O.D.E.)

The organization has grown and evolved over time. At present there is no organizational constitution and by-laws. Consideration is warranted.

- A. What is the interest, need, value?
- B. Are there concerns?
- C. Who wishes to participate in the process of formulation of a constitution and by-laws?
Each region is to submit the name of one individual who wishes to participate on an ad-hoc constitution and by-laws committee.

II. MATERIALS/TECHNIQUES AND DEVICES

- A. In recent years there have been articles indicating that glass ionomer sealants are just as effective as resin-based composite sealants.
 - 1. What materials (both type and brand name) are used for pit and fissure sealants at your institution?
 - 2. If glass ionomer products are used, are they used routinely or are they used under certain guidelines, e.g. partially erupted teeth, difficulty in isolation or in outreach clinics without the aid of suction?
 - 3. What has been your experience with glass ionomer sealants?
- B. Does your institution teach impression techniques using intraoral digital scanning devices?
 - 1. If so, what brand(s) of intraoral impression scanners are being used?
 - 2. How many scanners do you have? How are they funded or provided?
 - 3. Do all students use the scanners for their patients?
 - 4. If scanning access is limited, how do you determine who gains access?
 - 5. What has been your experience with intraoral digital scanning devices?
- C. Composite Resin
 - 1. What are the limitations in your clinic for the placement of Class II composite restoration if any? What is your criterion for a Class II composite restoration placement?
 - 2. What is taught for Class II composite restorations with gingival margins on dentin (apical to the CEJ); use of flowable or RMGI as an “open sandwich?”
 - 3. Have esthetic inlays and onlays been increasing in frequency in your clinic? Do you see these increasing in the future as esthetic alternatives to large amalgam restorations instead of direct resin composite?
 - 4. How many resin composite systems and bonding systems are available in your clinic? What bonding systems are being used? If there are multiple systems, are all systems taught in the pre-clinic courses also?
 - 5. What type of matric systems are used for Class II posterior composites? How are these systems dispensed in your clinic?
 - 6. How do you prevent voids in composite restorations? Are you heating the composite to provide better flow?
 - 7. If known, what is the secondary caries rate of composite versus amalgam restorations?

- D. Pins in Restorative Dentistry
 - 1. Does your school teach the use of pins in the pre-clinical curriculum?
 - 2. Do your students use pins in the clinic?
 - 3. Which pin system(s) are used?
 - 4. If used, are pins limited to amalgam restorations?
- E. Posts in Restorative Dentistry
 - 1. What is utilized in clinics? Prefab, cast, fiber
 - 2. What criteria are used to determine the need for a post?
 - 3. What criteria are used in the selection of post types?
 - 4. Which systems are available at your school?

III. CURRICULUM

- A. When is your first clinical experience in Restorative Dentistry scheduled?
 - 1. Where do the patients come from?
 - 2. Do they stay with the student?
 - 3. What is the staffing ratio?
 - 4. Any problems or recommendations?
- B. Do you have a clinical course in Operative Dentistry in the Junior or Senior year?
 - 1. How do you assign grades?
 - 2. Do you have Skills Assessments? Are they photographed?
 - 3. Are you evaluating portfolios?
 - 4. Do you have points or procedures requirements?
- C. How many contact time hours are dedicated to pre-clinical dentistry (lecture, lab, amalgam, composite, single unit restorations)?
- D. Do you have enough faculty? (If not, why)
 - 1. In your pre-clinical lab courses, what is the student/faculty ratio?
 - 2. In your clinics, what is the student/faculty ratio?
- E. Does your school use machine/computer grading in the pre-clinical courses?
 - 1. If so, what software/manufacture?
 - 2. If so, for what type of restorations?
- F. National Boards
 - 1. Do you have formal National Board preparation courses?
 - 2. Review sessions?
 - 3. Are the courses or reviews mandatory or optional?
 - 4. Does your school purchase review materials for students (like Crack the Code or Exam Master)?

IV. CARIOLOGY

- A. Caries Management
 - 1. Does your school have a formal caries management plan as part of the comprehensive treatment plan?
 - 2. How is the caries management plan tracked once it has been implemented?
 - 3. How are reevaluations documented?
 - 4. By treatment note only or by procedure code completion?

5. Does the school dispense remineralization products to patients? If so, how is it dispensed or purchased?
6. Are treatments being planned based on CAMBRA concepts?
7. Are such treatments accomplished as planned?

V. OTHER

- A.** Biomimetics has been defined as “the study of structure and function of biological systems as models for the design and engineering of materials and machines.”
1. What is Biomimetic Dentistry?
 2. Is this an application of a new term for existing techniques?

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.