

Consortium of Operative Dentistry Educators

***Academy of Operative Dentistry
Meeting***

February 22, 2007

Pre-Clinical Operative Dentistry Curriculum Survey

ADEA Initiative
CODE National Agenda

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Survey Purpose

- To determine Regional & National Operative Curricula content & priorities
- Results can be used to:
 - **Assess our educational philosophies**
(who we are is defined by what we teach)
 - **More effectively “market” ourselves**
(to show why we matter)
 - **Re-direct our focus on how we teach**
(delivering the goods)

The Question-

List the 10 most important Operative Dentistry concepts or techniques that should be taught in a pre-clinical lab course in relative order of importance.

“Non-negotiable” Curriculum items

Used in your school clinics

Useful to a practicing dentist

Examples- Concepts/Techniques

- Amalgam
- Composite Direct
- Diastema Closure
- Composite Indirect
- Veneers
- Inlays
- Onlays
- Glass Ionomer Rest
- Sealants & PRR's
- Isolation (Rubber Dam)
- Caries Risk Assessment
- Caries Dx & Removal
- Caries Control (Sed, P Cap)
- Remineralization Tx
- Amalgam Core BU
- Composite Core BU
- Air Abrasion
- Lasers
- CAD-CAM

“This item generated extensive discussion on many subtopics.”

“...more curriculum time needs to be devoted to developing the knowledge and skills needed for direct resin restorations.”

Subject- Adequate curriculum time for restorative dentistry

“Clinical faculties in restorative dentistry must hold strongly to their convictions about the importance of their disciplines in the preparation of future dentists....

Nobody bothers much about the fact that operative dentistry not only needs all of what it has left but is dangerously marginal in terms of having enough time to do the job.”

“The High Priority of Restorative Dentistry”

L. Terkla, 1976

“Caries Risk Assessment must have a high priority in any preclinical operative curriculum.”

“...CODE must expand beyond our focus on technical aspects of dentistry and consider more behavioral aspects of teaching...”

Subject- Decline in clinical operative skills on board exams-

“The definite weaknesses observed in applicants taking the Florida state board exam have also surfaced in....most other states. Operative Dentistry must be put back into our schools at the level necessary to ensure equality with the other specialties, which means there must be less emphasis on allied subjects and more time allocated to actual clinical experience. Our new and sophisticated techniques are of no value without basic operative procedures.”

“Is Our Island Sinking?” H. Brinker, 1977

“This question resulted in the most discussion of all. In fact we had to re-visit it at the end...to come to a consensus.”

“...difficult to agree on what the ideal program should be.”

Subject- “Fatigue” in Operative education & CODE’s request to study & validate our discipline 25 years ago-

“Have our educational expectations dimmed over time?”

“Is our current approach to the subject more generalized than specific? For now, avoid looking at the big Restorative Dentistry picture, which includes large ticket items such as implants and CAD-CAM. Instead, focus your view on the smaller picture... If this smaller picture is understood and implemented, professional success is a given.”

“If You Have It On The Shelf, You Can Deliver It.”

M. Lund, 2006

Survey Results

Consensus by CODE Region

CODE Region I- Pacific

- 1. Caries Risk Assessment
- 2. Remineralization Therapies (non surg tx)
- 3. Detection of Carious Lesions
- 4. Isolation
- 5. Indications & techniques for debridement of caries
- 6. Sedative restorations for pulp capping
- 7. Adhesive Resin technology
- 8. Sealants & PRR's
- 9. Direct Composites
- 10. Amalgam
- 11. Glass Ionomers- transitional & definitive
+ Am Core, Comp Core, P Veneers, Onlays, Inlays

CODE Region II- Midwest

- 1. Amalgam
 - 2. Direct Composite
 - 3. Isolation
 - 4. Caries Risk Assessment
 - 5. Caries Dx and Removal
 - 6. Amalgam Core
 - 7. Inlays/Onlays
 - 8. Caries Control
 - 9. Sealants & PRR's
 - 10. Diastema Closure
 - 11. Glass Ionomer Restoratives
- + P Veneers, CAD-CAM, Comp Core, Air Abras, Laser

CODE Region III- South Midwest

- 1. Amalgam
- 2. Composite
- 3. Isolation
- 4. Caries Dx and Removal
- 5. Amalgam Core
- 6. Sedative rest & vital pulp therapy
- 7. Glass Ionomer
- 8. Sealants & PRR's
- 9. Composite Core
- 10. Onlays

CODE Region IV- Great Lakes

- 1. Caries Risk Assessment
- 2. Caries Dx / Caries Removal
- 3. Isolation
- 4. Sealants & PRR's
- 5. Amalgam
- 6. Composite
- 7. Bases & Liners (v. pulp therapy)
- 8. Glass Ionomer Restoratives
- 9. Inlays / Onlays
- 10. Veneers (dir & indir, diastema clos)

CODE Region V- Northeast

- 1. Isolation
- 2. Amalgam
- 3. Composite
- 4. Caries Dx / Caries Removal
- 5. Veneers
- 6. Onlays
- 7. Sealants & PRR's
- 8. Composite- Indirect
- 9. Caries Risk Assessment
- 10. Caries Control (sed, pulp cap)

CODE Region VI- South

- 1. Amalgam
- 2. Composite
- 3. Caries Dx
- 4. Isolation
- 5 / 6. Caries Risk Assess / Caries Control
- 7. Sealants & PRR's
- 8. Glass Ionomer Restoratives
- 9. Diastema Closure
- 10 / 11. Veneers / Amalgam Core
+ Inlay/Onlay, Comp Core, Remineralization Tx.

National Summary

Rank	Avg. Rank	Range	Respondents (<6/6)
■ 1. Isolation- Rubber Dam	3	1-4	
■ 2. Amalgam	3.3	1-10	
■ 3. Caries Dx & Removal	3.6	2-5	
■ 4. Composite	4	2-9	
■ 5. Caries Risk Assessment	4.1	1-9	(5/6)
■ 6. Caries Control	7.1	5-10	
■ 7. Sealants & PRR's	7.1	4-9	
■ 8. Amalgam Core BU	8.3	5-12	(4/6)
■ 9. Veneers	8.6	5-14	
■ 10. Glass Ionomers	9	7-11	(5/6)
■ 11. Onlays	9.9	6-15	
■ 12. Composite Core BU	12.1	9-14	
Others: Remineralization, Diastema Closure, Adhesion, Vital Pulp Tx (2/6)			

What do we do with this info?

Where do we go from here?

Marketing Operative Dentistry

- Clearly identify your product / service
- Help your customers appreciate the value
- Deliver the Goods!

Results

- What we teach (our product / services)-
 - Isolation
 - Definitive Direct Restorative (AM, CR, GIC)
 - Caries Dx-Tx-Risk (VITAL pulp tx)
 - Sealants & PRR's
 - Veneers
 - Onlays
 - Core Build-ups

Who We Are & Why We Matter-

- We are THE Introduction to Clinical Dentistry
- Caries Managers
- Pulp's Best Friend
- Moisture Control specialists
- Conservationists & Hero-odontists (MID - Cores)
- Bonding / Adhesion experts
- *In-vivo* Restoration Artists
- Prevention-oriented
- Responsible for 2/3 of clinical licensure exam!

Suggestions for CODE

- Quarterly publication- review of articles pertinent to CODE members.
- Change the name of CODE- appeal to more than “Operative” instructors.
- Refine the vision and mission for CODE.
- Less emphasis on technical aspects and more on teaching effectiveness.
- Be more market sensitive (*beneath* CODE)

Suggestions for CODE

- Add Cariology &/or Esthetic Dentistry to our department names or mission.
- Stay Contemporary BUT Evidenced-based
- Focus our preventive & restorative expertise on access-to-care issues.
- Establish Operative as the central focus of the Gen Practice Curricular Models.
- Get involved with Licensing Exams.

CODE Agenda Suggestions 2007

- Intellectual Property Issues
- Teaching Board Criteria vs. EBD
- What/How do we teach- resin bonding
- Future of Dental Ed- Curric, Clinic, Simul.
- Incentives for students- underserved areas
- Dental Photography
- Implant training for faculty
- MID (Minimal Intervention Dentistry)

CODE Agenda Suggestions 2007

- Experiences with Electronic Records
- Teaching philosophies- *new* generations
- Recommendations- Post & Core cements
- Laptop use by students
- EBD and teaching in your programs
- Typodont vs. Natural tooth use
- Enhancing the status of Operative?
- Improving teaching effectiveness

Final Thoughts?

(Support CODE)