2008 CODE National Agenda

Question V. Curriculum
Part 1: Curriculum Revision

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Question V. Curriculum

1. Has your pre-clinical or clinical operative curriculum recently undergone a significant revision? What changes did you make (additions or deletions)?

   Why did you make the changes and what positive or negative outcomes have you seen?

Results

- 49 respondents
- 13 had “major” revisions in past year
- 5 currently undergoing major revision
- Several noted making yearly minor changes
- Two noted there was “change in the winds”
- A few reported no recent changes

Example: School A

Stronger emphasis:

- Caries Risk Assessment on all operative patients
- Caries detection/diagnosis
  - ICDAS classification
- Preventive approach/remineralization
  - Emphasis on F toothpastes, varnish, MI paste, diet changes, xerostomia therapies

Example: School A

Stronger emphasis (continued):

- More conservative approach to caries removal including changes in technique (e.g. increased use of excavators)
- Stepwise caries removal
- Posterior composites for small to moderate lesions
- Minimally invasive dentistry

Decreased emphasis:

- Gold (inlays and onlays)

Example: School A

Reasons for Revision:

- Ensure better continuity and coherence from 1st to 4th years
- Put more emphasis on current evidence-based concepts related to caries detection and management (including remineralization)
- Reinforce minimally invasive concepts

Example: School A

- PROS:
  - Comprehensive approach to Operative Dentistry
  - Defect-specific approach to carious lesions
- CONS:
  - not accepted by all departments, so students sometimes receive conflicting information

Example: School B

- Six core thematic tracks
- Operative Dentistry is part of the "Restoration of Form, Function, and Esthetics" core
  - Operative → "Conservative Direct Restorations"
  - Fixed → "Conservative Indirect Restorations"
- Begins with caries management (coordinated with the "Caries Management" core).
- The end stage of management is restoration. Primary dentition included.

Example: School C

- Morphology no longer a stand-alone class
  - Material integrated over the first two years
- Cosmetic dentistry greatly expanded
- Indirect tooth-colored restoratives expanded with a lab visit by students
- Natural tooth exercises
- 4th year new Advanced Clinical Skills course with simulation and WREB prep

Example: School D

Pre-clinic:

- 1st yr course deleted; 2nd yr course runs all year (decrease lag time between pre-clinic and clinic to 5-6 wks)
- Simulated caries daily exercises (solve the puzzle of extending a preparation based on "caries" involvement)
- 2nd yr in new sim lab (Adec) to increase realism

Clinic:

- Junior skills assessment: 2 calibrated faculty, photographs at key steps for later review

Example: School E

Pre-clinic:

- Increase in posterior resins
- Decrease in amalgam
- Increase in Class II directs expectations

Clinic:

- 3rd yr: Au inlays/onlays no longer a requirement (Students unable to find patients wanting gold castings.)
- However: now a Class II casting counts as a Class II direct+2 misc. restorations [Suddenly, students are finding patients who want castings (Surprise!)]

Example: School F

Increased emphasis:

- Occlusion
- Anterior procedures
- Composite shade manipulation (hands-on)
- Posterior composite
- Composite buildup
- Root caries treatment with compomers
- Porcelain inlay/onlay procedures

Example: School G

Pre-clinic:

- Decreased time for freshmen operative
  - Eliminated casting gold for inlay/onlay – only prepare and wax onlays in lab
- 2nd yr: CEREC onlays in sim lab

Clinic:

- 3rd and 4th yr: decreased no. of clinic sessions with corresponding decrease in clinic expectations

Example: School H

- Individual clinical competencies moved to simulation lab.
- Competency in areas of clinical practice determined by faculty consensus.
  (Must be deemed competent by two faculty in each area to graduate.)
- Tx goals based on comprehensive care rather than individual requirements.
- Monitored for variety and timely patient care.

Example: School I

- Operative curriculum changed from 3 to 2 semesters.
- Clinical skills course moved from 2nd yr 2nd sem to 2nd yr 1st sem to move sophomores into clinic sooner (as directed by the administration).

Overall Trends

- Entry into Clinic (Delayed vs. Accelerated)
- Change in Sequence
- Multidisciplinary model
- CEREC

Entry into clinic

- Three schools explained that changes were made to the curriculum to transition students to clinic earlier.
- One school stated that the transition to clinic is now delayed. This has resulted in students forgetting material taught in the pre-clinical operative curriculum leading to being less prepared for 3rd year clinic.

Change in sequence

- A few schools stated that the material was unchanged, but the sequence of material had been modified.
- One school has moved the presentation of composite materials to earlier than amalgam.
- Another changed the order to provide a "just in time" experience of pre-clinical material just before utilizing the new skills in clinic.

Multidisciplinary model

- Some schools have recently adopted a multidisciplinary/comprehensive/general dentistry clinic for senior (or junior and senior) clinic.

CEREC

- Three schools report adding CEREC restorations to the pre-clinical (2nd year) curriculum.
  - One respondent has completely replaced gold inlays and onlays with CEREC.

Summary

- Inlays out/Cast Onlays decreased
- Amalgam decreased
- Posterior resins increased
- CRA/CAMBRA strategies increased

Summary

- Old model:
  - See decay
  - Repair tooth
- New model:
  - See decay
  - Diagnose cause
  - Treat cause
  - Repair tooth with a more conservative/bonded restoration