Consistent Philosophy= Calibration
Consistency of the message

- Starts at the top – Administration
- Department Chairs – Alignment “Marquette Way” tooth conservation, bone preservation, total health
- Faculty with cooperative philosophies
- Patient Screening – Good teaching cases
Decision making - experiences, bias
Students - Influences
Example of path to the easiest end
Young Minds – Developing pre-frontal cortex

Flow chart – Helps with the influence
Example of an influence
Interprofessional Challenges

- Not doing enough Endo
- Not doing enough 3 Unit bridges
- Some of the Prosthodontic community doesn’t believe in peri-implantitis
- Some of the Oral Surgery community doesn’t believe in periodontal probing of implants
Survival Rates

<table>
<thead>
<tr>
<th>FPD Type</th>
<th>Survival rate</th>
<th>Berne</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5-years</td>
<td>10-years</td>
</tr>
<tr>
<td>Conventional FDPs</td>
<td>93.8%</td>
<td>89.2%</td>
</tr>
<tr>
<td>Cantilever FDPs</td>
<td>91.4%</td>
<td>80.3%</td>
</tr>
<tr>
<td>Implant supported FDPs</td>
<td>95.2%</td>
<td>86.7%</td>
</tr>
<tr>
<td>Tooth-Implant supported FDPs</td>
<td>95.5%</td>
<td>77.8%</td>
</tr>
<tr>
<td>Implant supported SC</td>
<td>94.5%</td>
<td>88.4%</td>
</tr>
<tr>
<td>Resin bonded bridges</td>
<td>87.7%</td>
<td>65.0%</td>
</tr>
</tbody>
</table>

Systematic Reviews:
Tan et al 2004 for FPD
Lang et al 2004 for Implants 5yr
Jung et al 2008 for Implants 10 yr
University of Berne 10 yr
Implant vs saving teeth as my platform for discussing calibrations challenges

- Goes farther than the periodontal division or department
- Goes back to experiences, bias, EBD (evidence based decisions)
This subject is important enough that I am using it for an interview lecture topic.
## Communication Style Concerns

<table>
<thead>
<tr>
<th><strong>Older dentists (46-70 years old)</strong></th>
<th><strong>Younger dentists (21-45 years old)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>“We’re invincible as a team”</td>
<td>“I work best alone”</td>
</tr>
<tr>
<td>“I want, think, would like…”</td>
<td>“I need”</td>
</tr>
<tr>
<td>Softened style: “I’d love it if you…”</td>
<td>Blunt style: “Just do it…”</td>
</tr>
<tr>
<td>Long preambles</td>
<td>Abrupt speech patterns</td>
</tr>
<tr>
<td>Care deeply what others think</td>
<td>Care little about what others think</td>
</tr>
<tr>
<td>Like to process and talk about ideas and issues</td>
<td>“Just tell me what you want done and I’ll do it”</td>
</tr>
<tr>
<td>Highly value participation and consensus</td>
<td>Do not participate, attend meetings, or need to hear others’ opinions</td>
</tr>
<tr>
<td>Want people to want to do something, to want to be part of the team</td>
<td>Want people to get the results as quickly and quietly as possible; often astonished by employee feelings of discontent</td>
</tr>
<tr>
<td>Believe people can be motivated by a stirring, well-expressed idea</td>
<td>Believe motivation is pushing on the end of a string</td>
</tr>
<tr>
<td>Recognition means a great deal; want acceptance, popularity, group identity</td>
<td>Doesn’t work and isn’t needed; “I know what kind of job I’m doing. If a boss recognizes my work, that’s nice but it’s frosting on the cake.”</td>
</tr>
</tbody>
</table>

Communication or connect with the Millennial

- Listen to your faculty talking to the students and giving lectures
  - Is there an connect or disconnect
  - Millennial’s learn best with video, internet, You Tube etc, because they can fast forward what they don’t want
  - Bottom Line: They are visual, electronic, and the information needs to be highly relevant
- Expert giving information to a novice
  - Assuming too much from the student
  - Being frustrated with the student for not grasping the concept

- Outcome: Students seek out certain faculty 1) Easier or path of least resistance 2) Poor Communication or Delivery
Continually review treatment planning/Calibration

- Generational exposure – experienced vs new faculty/recent graduate
- Training background – What was the philosophy and can we adapt and come to a reasonable middle ground
- Full-time vs Part-time (this is how it is in the REAL world)
Official-Calibration Evening Annually
(but it really occurs every day)

- This Year – OCT/NOV
  - Proper Endodontic Diagnostics
  - Conversations of Save, Extract, and Implant/bridge

- We need to keep the faculty aware of the didactic material being delivered to the students.
How to collaborate in calibration without too much fear

Turning point – Using implant vs saving a tooth as the platform
18 year old female

What is your treatment idea?

a) Restore with no additional Treatments
b) Consider Restoration after Crown Lengthening
c) Consider Restoration after Flap investigation
d) Extract with Potential for bridge
e) Extract with Potential for Implant
57 yr old female

What is your treatment idea?

a) Restore with no additional Treatments
b) Consider Restoration after Crown Lengthening
c) Consider Restoration after Flap investigation
d) Extract with Potential for bridge
e) Extract with Potential for Implant
Consistency in choosing the proper radiographic information
What is your treatment idea?

- a) Restore with no additional Treatments
- b) Consider Restoration after Crown Lengthening
- c) Consider Restoration after Flap investigation
- d) Extract with Potential for bridge
- e) Extract with Potential for Implant
What is your treatment idea?

a) Restore with no additional Treatments
b) Consider Restoration after Crown Lengthening
c) Consider Restoration after Flap investigation
d) Extract with Potential for bridge
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2009

2nd RC retreatment 2010
Determine- Outcomes

- Exercise that Dr. John is going to describe
  - How consistent were the schools and how consistent were the faculty
- End of the semester student evaluations, were the students confused, faculty communication
- Many Second opinions
- Patient acceptance of treatment plans
Questions

BEWARE...

"I've put in 10,000 of these suckers and never ever had a problem."

Marriott Hotel