Integrating Periodontal Education in the Predoctoral Dental Curriculum

DAVID D. ROLF II, D.M.D., M.S.
ASSOCIATE PROFESSOR
Midwestern University
College of Dental Medicine-Arizona
Thank You
Dr. Vanchit John
Shana Berezin
AAP Education Committee
AAP Pre-Doctoral Directors Organization
5,500 Students
Dental Medicine/DMD
• OMFS Residency
Osteopathic Medicine/DO
Pharmacy/PharmD
Optometry/OD
Podiatric Medicine/DPM
Physical Therapy/DPT
Occupational Therapy/MOT
Nurse Anesthesia/CRNA
Speech Pathology/MS
Clinical Psychology/PsyD
Physician Assistant/MMS
Biomedical Sciences Masters
Doctor of Health Sciences
Veterinary Medicine/DVM: 2014
Midwestern University
College of Dental Medicine-Arizona

Russell Gilpatrick DDS
Dean

Founded in 2006
Inaugural Class Matriculated in 2008
Inaugural Class Graduated in 2012
Class Size: 110

2012: CODA Granted Accreditation Through 2019

Integrated Systems-Based Basic Sciences Curriculum
Integrated Oral Health Sciences Curriculum
Emphasis on Professionalism, Ethics, Teamwork, High Performance, Humanism
Evidence-Based Scholarship & Patient Care
General Practitioner Focus
Department-less Faculty Team
Midwestern University: Working Together

MWU-CDMA upperclassmen share their views on the team approach at the dental institute

By Liz Davis ’13 & Rachel Ecker ’14
Midwestern University
College of Dental Medicine-Illinois

Founded in 2009
Inaugural Class Graduates: 2015
Class Size: 130
Integrating
Periodontal Education in the Predoctoral Dental Curriculum
Curriculum = Parts

Integrated = Whole
Integrating Periodontal Education in the Predoctoral Dental Curriculum
Integrating = Embedding
Integrating Periodontal Education in the Predoctoral Dental Curriculum
Integrating = Synergies
pre-dental requirements

How much do you actually Remember???

integrated systems-based basic sciences curriculum
dental patients = integrated

“dental patients won’t come in to see me with just a dental anatomy problem, a microbiology problem, a physiology problem, and so on... they will have a problem with their tooth, mouth, body...and I will have to diagnose and treat them/their condition as a whole”

Jay Slater, Class of 2013
Explore an integrated systems-based basic science and oral health sciences curriculum where periodontology is embedded into and interfaces with the overall predoctoral dental program.

Discuss advantages and disadvantages of a traditional versus an integrated predoctoral periodontology curriculum.

Consider opportunities for integration of the periodontology curriculum at your own institution.
new school
blank slate
new school: vision
Curriculum
Departments
Faculty

Vertical—compartmentalized

Horizontal—networked
new school building process
new school building process
new school
completed integrated curriculum

vision

reality
Dr. Kenneth (Ken) L. Kalkwarf, an ADEA Past President and Dean of the University of Texas Health Science Center at San Antonio Dental School who is currently serving as the university’s President ad interim, was asked to be the first Chair of the new commission. In a “Perspectives” piece published later that year in the Journal of Dental Education he observed, “It’s easier to move a cemetery than to change a curriculum,” and he stressed the importance of finding “a single Archimedean leverage point” if systemic change were to occur.
Traditional Curriculum
Some Integration
Periodontics Curriculum

integrated
imbedded into & interfaces

Oral Health Sciences (Dentistry) Curriculum
learning objectives

Explore an integrated systems-based basic science and oral health sciences curriculum where periodontology is embedded into and interfaces with the overall predoctoral dental program.
Integrated Periodontology Curriculum

Midwestern University
College of Dental Medicine-Arizona
Ethics & Professionalism Curriculum

David Rolf II, DMD, MS

D1-D4 Years
Every 2 weeks
45 Hours
Imbedded throughout program
Professional culture
Healthcare Ethics
Dental Ethics & Professionalism
Ethics Grand Rounds

- Informed Consent/Refusal
- Failure to Diagnose or Refer
- Scope of Practice & Standard of Care
- Supervised Neglect
- Overdiagnosis & Overtreatment
- Case Studies: Include Periodontics
D1 Year: Fall & Winter Quarters
20 Hour Curriculum
Etiology, Pathogenesis
Risk Factors & Risk-Based Prevention
Caries, Periodontal Disease, Oral Cancer

David Rolf II, DMD, MS
Teresa Pulido DDS, MS
Christine Halket DDS, MS
James Pashayan DDS MAEd
Preventive Dental Medicine Curriculum

Periodontology & Oral Health
- Evidence-Based Dentistry
- Clinical Epidemiology
- Dental Public Health
- Oral Plaque Biofilm and Saliva
- Oral Hygiene Indices, OHI, Plaque Control
- Oral-Systemic Interrelationships
Periodontology & Oral Health
Patient Education

- Communication Strategies with Patients
- Enhancing Adherence with Preventive Programs
- Oral Health Literacy & Culturally Effective Care
- Nutrition & Obesity: Pro-Inflammatory Diet
- Diagnostic Tests & Lab Values
D1 Year: Oral Histology and Oral Pathology Curriculum

Oral Histology Periodontal Histoanatomy & Clinical Correlations

DAVID D. ROLF II, D.M.D., M.S.
ASSOCIATE PROFESSOR
Midwestern University College of Dental Medicine-Arizona

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D1 & D2 Years:

Integrated Oral Health Sciences

- Integrated Basic Sciences Case Studies
- Fundamentals of Periodontology I-III
- Didactic Courses
- Literature Review Projects
- Clinical Sequential Cases
- Simulation Clinic: Periodontal Exam & Instrumentation
- Clinical Case Studies: Treatment Planning Seminars
- Clinical Experiences: Exam/Charting/Prophylaxis
- Dex Competency & Critical Thinking
D1 Year: Spring Quarter
10 Hour Curriculum
Evidence Based Dentistry
EBD Hands-on Workshop
Normal Periodontium
OHI & Plaque Control Methods

D1 Fundamentals of Periodontology
David Rolf II, DMD, MS
Thomas McDaniel, DMD
Clinical Rotations
Plaque Index, OHI, Plaque Control
D1 & D2 Years:

Integrated Oral Health Sciences

Oral Health Sciences Curriculum

- Integrated Basic Sciences Case Studies
- Fundamentals of Periodontology I-III
- Didactic Courses
- Literature Review Projects
- Clinical Sequential Cases
- Simulation Clinic: Periodontal Exam & Instrumentation
- Clinical Case Studies: Treatment Planning Seminars
- Clinical Experiences: Exam/Charting/Prophylaxis
- Dex Competency & Critical Thinking
Dental Case-Based Component
of the Integrated Systems-Based
Basic Science Curriculum

Integrate & translate basic science knowledge into more clinically relevant skills

Evidence-based approach to Medicine & Dentistry

Develop public speaking & presentation skills, interprofessional and ethical values, teamwork
## Basic Science Integrated Sequence

**Fall Quarter: BASI 1501, 1502 & 1503**

<table>
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<tr>
<th>Course Number</th>
<th>BASI 1501</th>
<th>BASI 1502</th>
<th>BASI 1503</th>
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<tr>
<td>Modules</td>
<td>Cell Biology</td>
<td>Cancer and Genetics</td>
<td>Infectious Diseases</td>
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<td>MCB &amp; Metabolism</td>
<td>Lymphatic System &amp; Immunology</td>
<td>Integument &amp; Blood Disorders</td>
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<tr>
<td>Credit Hours</td>
<td>4.7 (4.2 + 0.5) (42 L hrs + 1 Case)</td>
<td>5.5 (4.5 + 1.0) (45 L hrs + 2 Cases)</td>
<td>5.2 (4.2 + 1.0) (42 L hrs + 2 Cases)</td>
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<tr>
<td># of Exams</td>
<td>3</td>
<td>4</td>
<td>3</td>
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**Case Studies**

- **BASI**
  - Case 1: Metabolic Syndrome
  - Case 8: Meth Mouth
  - Case 16: Pregnancy

- **1501**
  - Case 2: Bleeding Disorders
  - Case 13: Diabetes/Endocrine

- **1502**
  - Case 3: Diabetes & Wound Healing
  - Case 14: Squamous Cell CA

- **1503**
  - Case 4: HIV
  - Case 5: Skin Cancer
  - Case 10: Hypertension
  - Case 11: Asthma
  - Case 15: Temporomandibular Disorders
  - Case 17: Celiac Disease
PROCESS

Week 1
• Case Outline Meeting
• 22 Groups of 5 Students
• Readings: Assigned Articles
• Searching Relevant Literature

Week 2
• Group Presentation: 20 min.

Assessments
• Group Presentation
• 20 Question Exam

Case

A 40 year old white female presents to your office for treatment of a loose tooth. She has advanced periodontal disease and needs some dental extractions to help control an acute periodontal infection. You note in her medical history she has diabetes.

- What questions should you ask her about her diabetes?
- What are the implications of her diabetes in the treatment of this case?

Learning Objectives

- List the effects of diabetes on wound healing
- Describe various types of wound healing
- List both local and systemic factors that affect wound healing
- Compare and contrast wound healing by primary and secondary intention
- List common complications associated with wound healing
- Describe the relationship between diabetes and periodontal disease.
Oral Health Sciences Curriculum

- Integrated Basic Sciences Case Studies
- Fundamentals of Periodontology I-III
- Didactic Courses
- Literature Review Projects
- Clinical Sequential Cases
- Simulation Clinic: Periodontal Exam & Instrumentation
- Clinical Case Studies: Treatment Planning Seminars
- Clinical Experiences: Exam/Charting/Prophylaxis
- Dex Competency & Critical Thinking
D2 Year: Fall, Winter, Spring Qtrs
30 Hour Curriculum
Etiology, Pathogenesis, Risk Factors
Dx/Px Tx Planning, Therapy, Referral
Integrated Exams & Case Component
Team Taught: Periodontist & GP faculty
D2 Oral Health Sciences

Examinations

Weekly: all disciplines
Periodontics Q’s integrated into examinations
CASE STUDY
Sequential Clinical Case 1

Rosalyn
- 17 y.o. female
- Med Hx: non contributory
- Did not visit a dentist for the last 8 years
- Just got dental insurance
- CC: I want to take care of my teeth
CASE STUDY
Sequential Clinical Case 1

- Rosalyn
- 17 y.o. female
- Med Hx: non contributory
- Did not visit a dentist for the last 8 years
- Just got dental insurance
- CC: I want to take care of my teeth

CASE DISCUSSION

- Ethics question: Can you treat the patient or do you need an adult’s consent?
- Why did we decide to obtain radiographs?
- Why did we decide to perform FMS (full mouth series) radiographs? Note: FMX is the former terminology
- Which one would you treat first? The gingivitis or the decay?
- Why do you think your patient has cold sensitivity?
- Why do you think your patient has bleeding with brushing, and how do you control that?
- Which type of composites would you use for this patient?
- How can you help Rosalyn to manage the decay?
No Radiographic Bone Loss

Plaque Biofilm Accumulation

Gingival Inflammation

Bleeding on Probing (BOP)

Probing Depths & CAL 2-4 mm

What are we probing?
Periodontal Diagnosis: Classification

Development of a Classification System for Periodontal Diseases and Conditions.

Armitage, Annals of Periodontology 1999

Sequential Clinical Cases

- Rosalyn
- 47 y.o. female
- Med Hx: non contributory
- Did not visit a dentist for the last 8 years
- Just got dental insurance
- CC: I want to take care of my teeth

1. Gingival Diseases
   - A. Dental plaque-induced gingival disease
      1. Gingivitis associated with dental plaque only
      a. without other local contributing factors
      b. with local contributing factors (See VII.A)
   - B. Gingivitis modified by systemic factors
      a. associated with the endocrine system
      - pregnancy-associated gingivitis
      - diabetes mellitus-associated gingivitis
      b. associated with blood dyscrasias
      - leukemia-associated gingivitis
      c. other

2. Gingival diseases modified by medications
   - A. drug-influenced gingival diseases
   b. drug-induced gingival enlargements
   c. drug-induced gingivitis
   d. oral contraceptive-associated gingivitis
   e. other

3. Gingival diseases modified by malnutrition
   a. scurvy-acid-deficiency gingivitis
   b. other

4. Non-plaque-induced gingival lesions
   - A. Gingival diseases of specific bacterial origin
   b. generalised periodontal lesions
   c. herpetic gingivostomatitis
   d. other

2. Gingival diseases of viral origin
   a. herpesvirus infections
      1. primary herpetic gingivostomatitis
      2. recurrent oral herpes
      3. varicella-zoster infections
      b. other

3. Gingival diseases of fungal origin
   a. Candida species infections
   b. generalised gingival candidiasis
   c. other

4. Gingival manifestations of systemic conditions
   a. mucocutaneous disorders
   b. other

5. Gingival manifestations of systemic conditions
   a. lichen planus
   b. pemphigus
   c. pemphigoid
   d. erythema multiforme
   e. lupus erythematosus
   f. drug-induced
   g. other

6. Allergic reactions
   a. denture-related materials
   b. mercury
   c. nickel
   d. acrylic
   e. other

7. Reactions attributable to
   a. toothpaste/identifiers
   b. mouthwash/mouthrinses
   c. chewing gum additives
   d. foods and additives
   e. other

8. Traumatic lesions (toothache, atraumatic, accidental)
   a. internal injury
   b. external injury
   c. thermal injury
   d. foreign body reactions
   e. other

9. Not otherwise specified (NOS)
D2
Sequential Clinical Cases
Fall 2012 Cases
Periodontal Examination & Instrumentation Simulation Clinic Rotation
Clinical Rotations
Periodontal Exam, Instrumentation
Prophylaxis, Recare Patients
DENT 1614 Literature Review Paper

Topic: Periodontal Diseases

Research the literature to accomplish the following objectives:

1. Describe the microbial/infectious model and the inflammatory (host immune response) model of the pathogenesis of periodontal diseases. According to the current understanding of periodontal pathogenesis, which model predominates? Cite the literature that supports this current paradigm.

2. Discuss the effect of smoking on: 1. risk for developing periodontal disease; 2. host susceptibility to periodontal disease; 3. severity of periodontal disease; 4. healing response to periodontal treatment.

3. Discuss the effect of diabetes on: 1. risk for developing periodontal disease; 2. host susceptibility to periodontal disease; 3. severity of periodontal disease; 4. healing response to periodontal treatment.

4. Discuss the evidence based rationale for the local (direct) delivery of antibiotics into periodontal pockets in patients with periodontitis.

5. Describe the evidence based rationale for adjunctive use of a therapeutic antimicrobial mouth rinse in the daily oral hygiene regimen (which includes mechanical plaque control methods) for your periodontal patient with ineffective home care/plaque control.

D2 Oral Health Sciences

Literature Review Paper

Periodontal Diseases: Etiology, Pathogenesis, Risk Factors, Antimicrobials
D2
Oral Health Sciences
Clinical Treatment Planning Case Studies
Christine Halket DDS, MS
Patient History
Case Objectives

Clinical & Radiographic Findings
SAMPLE 1 - TREATMENT PLAN

Dx, Px
Tx Plan
Tx Options

Team
Presentation & Discussion

Treatment Modifications:
- Pitfalls: Prophylaxis (Maxo, 2g, 1 visit prior to procedure; soft tissue
- Periodontal Maintenance Care Interval:
  - 4 weeks

Sequenced Treatment Plan: (Note: Use the scroll bar on the right)
- #10 F2 (addressing the patient’s immediate complaint)
- #6, #8 crowns control
- #14 RCT (re-treatment)
- #14 RCT
- #10 DO Direct Restoration
- #6 MD Direct Restoration
- #1 MOD Indirect Restoration
- #12 F 4 Direct Restoration
- #12-14 bridge
- #18 crown
- #19 crown
- #20 EXT Refer for implant placement
- #32 EXT Refer to oral surgeon
- #9 abutment & crown (implant)
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<tr>
<th>Projects</th>
<th>Prep</th>
<th>Restore</th>
<th>Critical Thinking</th>
<th>Perio</th>
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<th>Radiology</th>
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**new prep

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<th>Perio</th>
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<td>100%</td>
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<td>75%</td>
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D2 Year
Elementary School Programs

Apply didactic & clinical learning in Preventive Dental Medicine, Public Health and Periodontology

Apply public speaking & teaching skills from Basic Science Case Studies
D2 & D3 Years: 35 Hour Curriculum
D2 Year: 15 Hour Curriculum

Team Approach
- Patient Evaluation and Diagnosis
- Treatment Planning, Surgical, Restorative
- Laboratory Procedures & Communication

Simulation Clinic Rotations
## Implant Dentistry Curriculum

Azfar Siddiqui DMD, MDS  
David Rolf II, DMD, MS  
Robert Carpenter DMD  
Vijay Parashar DDS, MS  
Christine Halket DDS, MS  
Joe Mehranfar DMD

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Lecture Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>Aug.31</td>
<td>10:00</td>
<td>Course overview. Dental Implantology: Paradigm shift in dentistry</td>
<td>Dr. Siddiqui</td>
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<td>Sep.7</td>
<td>10:00</td>
<td>Implant dimensions and diameters</td>
<td>Dr. Siddiqui</td>
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<td>Sep.14</td>
<td>10:00</td>
<td>Choice of saving teeth or placing implants. Atraumatic tooth extractions</td>
<td>Dr. Rolf</td>
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<td>and extraction socket grafting for dental implant placement.</td>
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<td>Sep.21</td>
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<td>All on 4 concept for edentulous ridge rehabilitation</td>
<td>Dr. Mehranfar</td>
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<td>Sep28</td>
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<td>Bone grafting nomenclature, indications and type of bone grafts</td>
<td>Dr. Carpenter</td>
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<td>Oct.5</td>
<td>9:00</td>
<td>Midterm Exam</td>
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<tr>
<td>Oct.5</td>
<td>10:00</td>
<td>Maintenance of dental implants. Ailing &amp; failing implants: Risk factors,</td>
<td>Dr. Rolf</td>
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<td>diagnosis and treatment.</td>
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<td>Oct.12</td>
<td>10:00</td>
<td>Implant retained and implant supported overdentures</td>
<td>Dr. Siddiqui</td>
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<td>Oct.19</td>
<td>10:00</td>
<td>Sinus augmentation for dental implant placement</td>
<td>Dr. Carpenter</td>
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<td>Oct.26</td>
<td>10:00</td>
<td>New dental implant systems: Orthodontic, mini and super-wide implants</td>
<td>Dr. Rolf</td>
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<td>Nov.2</td>
<td>10:00</td>
<td>Ridge expansion and splitting for dental implant placement</td>
<td>Dr. Siddiqui</td>
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<td>Nov.7</td>
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D3 Year  
Advanced Topics in Implant Dentistry
• Surgical Periodontics for the General Practitioner
• Advanced Clinical Dentistry
• Clinical Conference
• Practice Management
Surgical Periodontics for the General Practitioner

David Rolf II, DMD, MS
Christine Halket DDS, MS
Jason Augustine DDS, MS
Trever Siu DMD, MS

D3 Year: 10 Hour Curriculum
Resective, Regenerative, Plastic & Implant Surgical Procedures and Cases
Rationale & Classic/Current Literature
Restorative-Periodontal Interrelationships
GP-Periodontist Relationship & Guidelines for Referral to a Periodontist
Clinical Syllabus
Patient Care
Competency
Mock Boards
Boards

Thank You
Dr. Antonio Moretti
UNC
learning objectives

Discuss advantages and disadvantages of a traditional versus an integrated predoctoral periodontology curriculum.
Integrated Advantages

Enhance learning bridge gaps & eliminate overlap in the curriculum
Integrated Advantages
ADVANTAGES FOR FACULTY & STUDENTS

Faculty Development: our faculty learn more across disciplines

cross training = become better clinicians & teachers
Midwestern University: Working Together

MWU - CDMA upperclassmen share their views on the team approach at the dental institute

By Liz Davis ’13 & Rachel Ecker ’14
Challenges with the Integrated Curriculum

“heavy lifting”
Challenges

Once curriculum is integrated... what if we need to add something? How to cram another piece into an already finished/integrated puzzle!
Challenges with the Integrated Curriculum

EVEN IF ONE PIECE IS MISSING, IT MATTERS A LOT
Traditional Curriculum Advantages

Departmental System Strengths
learning objectives

Consider opportunities for integration of the periodontology curriculum at your own institution.
thank you