Surgical experiences in the undergraduate curriculum

Jill Bashutski, DDS MS Cert Perio FRCD(C)
Adapting our curriculum to a changing environment

In order to **change** an existing paradigm you do not struggle to try and change the problematic model. You create a new model and make the old one **obsolete**.

~Buckminster Fuller
Adapting our curriculum to a changing environment

- Changing referral patterns
- The need to balance sharing of knowledge
- New generation of students
an increase in the average age of patients at the time of the initial examination

a decrease in the percentage of patients using tobacco at the time of the initial interview

an increase in the percentage of periodontal Case Type IV patients with a concomitant decrease in the number of periodontal Case Type III patients

an increase in the average number of missing teeth per patient at the initial examination

an increase in the average number of teeth scheduled for extraction per periodontal treatment plan
an increase in the average age of patients at the time of the initial examination

a decrease in the percentage of patients using tobacco at the time of the initial interview

an increase in the percentage of periodontal Case Type IV patients with a concomitant decrease in the number of periodontal Case Type III patients

an increase in the average number of missing teeth per patient at the initial examination

an increase in the average number of teeth scheduled for extraction per periodontal treatment plan
Trend towards deferring referral in favor of treating the patient in the general practice

Controversy over treatment of the periodontal patient and appropriateness of referral to a periodontist
What is best for the patient?
WHY DO GENERAL DENTISTS HESITATE TO REFER TO US?

- Post-surgical root exposure and sensitivity
- Good results with in-house treatment programs
- Financially advantageous
- Loss of patient
- Lack of proximity
- Lack of communication
- Disparaging remarks about care or quality of dentistry received in the referring doctor’s office
LACK OF KNOWLEDGE vs. TOO MUCH KNOWLEDGE
GENERAL DENTIST PERIODONTICS TRAINING IS LESS THAN A HYGIENE OR PERIODONTICS STUDENT

CODA accreditation standards for hours studying periodontics:

General Dentistry: 295
Hygiene: 2,700
Periodontal Specialist: 5,560
THE MILLENIUM GENERATION

“Participate first. Ask questions later.”

“I have no idea what I am doing, but incompetence has never prevented me from plunging in with enthusiasm.”
GOALS
To enhance the learning experiences of the undergrad students
In a way that embraces how students learn today
To teach students and to promote appropriate referrals to periodontal specialists by familiarizing students with periodontal procedures.
To teach students and to promote appropriate referrals to periodontal specialists by showing by example that these procedures are complicated and require extensive training for success.
To provide a service to patients who otherwise couldn’t afford optimal treatment.
To formalize a process that was already occurring

Provide ability to institute guidelines, control and follow up
The Surgical Experience
Pig Jaw Surgery Training

Requirement for participating in patient surgical experiences
Pig Jaw Surgery Course

- Full and partial thickness flap
- Degranulation, debridement
- Basic suturing techniques
Undergraduate Periodontics
Surgical Experience

1 dental chair available per clinic session
Booked on a first-come, first-served basis by the patient care coordinators in each clinic
Surgical cassettes specifically designated for undergraduate periodontics use.
Pre-surgical Preparation

>1 week prior to surgery, the dental student must:

- complete required reading on the surgical procedure (available online)
- fill out a pre-surgical synopsis form
- provide diagnostic models and draw the incision design on the cast for discussion with the supervising faculty.
Staffing and Supervision

Designated periodontal surgical faculty

Students arrange for their own assistant
**Accepted Case Types**

- Any minor periodontal procedure without hard tissue involvement
  - Soft tissue crown lengthening
  - Gingivectomy
  - Flap surgery
  - Distal wedge
  - Fibrotomy
  - Tissue removal around dental implants
- No extractions
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Code</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple crown lengthening (soft tissue only)</td>
<td>Use D4241 (if indicated, can use 4211 with permission)</td>
<td>$150</td>
</tr>
<tr>
<td>Gingivectomy</td>
<td>D4210 (4 or more teeth)</td>
<td>$150</td>
</tr>
<tr>
<td></td>
<td>D4211 (1-3 teeth)</td>
<td>$75</td>
</tr>
<tr>
<td>Localized flap surgery</td>
<td>D4241</td>
<td>$150</td>
</tr>
<tr>
<td>Distal wedge</td>
<td>D4274</td>
<td>$150</td>
</tr>
<tr>
<td>Fibrotyom</td>
<td>D7291</td>
<td>$75</td>
</tr>
<tr>
<td>Tissue removal around dental implants</td>
<td>D4999</td>
<td>$0</td>
</tr>
</tbody>
</table>
Follow-up

Post-operative appointments done in the surgical chairs

Booked at the time the surgery to ensure proper follow up

Emergency care initially through the undergraduate student

On-call graduate periodontics resident available for consultation if needed
49 surgeries performed in calendar year

Mostly crown lengthening

Some exploratory surgery
10mm isolated probing depth
Palatoradicular groove
Post-restorative
Suturing
2 week post-op
2 week post-op
Referrals from undergrad to graduate periodontics increased during the predoctoral surgery program.
Revenue from undergraduate referrals increased during the predoctoral surgery program.
THINGS WE LEARNED
Allowing dental students to perform minor surgery has positive effects in multiple ways

Students will try to push the envelope

Great opportunity for interdisciplinary interactions

Increased interest in periodontics training

Enhanced awareness of periodontics that translates to increased referrals and better learning experiences
THANK YOU!