At the 2017 Predoctoral Educators Workshop, attendees gathered in small groups to identify systems that have been successful in raising periodontics as a leader in implant education at their home institutions.

Their thoughts were collected, and their transcribed responses are presented below.

**Interactive Session: Periodontists as Leaders in Implant Education**

Please discuss the following in your small group:

- Different models to lead implant education
- Implementation of different models
- Tactical application in a variety of organizational structures
- Periodontics—central to actualizing overall health and quality of life for school patients through periodontist educators

**SWOT Analysis: How can periodontists play a lead role in implant education in my institution?**

**Strengths**

- Providing opportunities for visibility and accessibility of perio faculty and residents
- Having a periodontist on the decision-making board
- Establishing a periodontal clerkship for a one-year course on implants to D4 students
- Offering an implant course for D3 students run by the periodontics department
- Offering blended or integrated courses
- Integrating implants into the curriculum beginning in the D1 courses and carrying this through the entire course of Periodontics and Implantology
- Teaching maintenance plus recognition of peri-implantitis
• Using periodontal residents as teaching mentors for students
• Having a periodontal faculty member or graduate student participate in the implant case selection
• Maintaining leadership roles in soft tissue and inflammatory closure management
• Having separate implant clinics check that patients are healthy
• Providing opportunities for initial and direct interactions with the predoctoral students in clinical care
• Having oral surgeons place implants in hospitals rather than in schools
• Offering implant restoration experiences to dental students
• Working across disciplines to develop plans and communications
• Utilizing checklists

**Weaknesses**

• Implant cases are distributed among too many PG programs
• CODA-driven distribution of cases
• Lack of faculty calibration
• Lack of more advanced cases
• Dental students’ lack of understanding the full scope of perio implant surgery
• Lack of quality assurance, particularly with evaluation of long-term outcomes
• Insufficient long-term maintenance/follow up protocols (students are unable to track long-term outcomes due to time limitations)
• Financial constraints (pressure to produce affordability)
• Keeping up with technology (i.e. digital gen guides)
• Competition with oral maxillofacial surgery & prosthodontics
• Threats of taking x-ray cases
• Silos in curriculum
• GP models where periodontists are not teaching in the clinic
• Lack of presence in didactic implant courses
• Not having a graduate program in Periodontics at the school
### Opportunities

- Develop a formal recall program at the school for maintenance
- Offer curriculum management and review
- Utilize checklists prior to implant placement to streamline the process
- Communicate the complexity of implant dentistry
- Have greater decision-making influence with upper management
- Develop an implant board to identify and distribute to appropriate departments
- Have an implant committee evaluate the outcome of each case for Q&A analysis and patient satisfaction
- Generate more exposure to perio as an implant specialty
- Update technology digital workflow
- Improve communication of patient care
- Play a larger role in the early diagnosis of perio disease
- Improve protocols for post-implant follow-up
- Expand dental student training with faculty in surgical placement at schools that do not have graduate programs
- Better define “proficiency” for graduate programs at the CODA level
- Offer digital/virtual implant placement to help with calibration
- Work the case with specialist implant elective
- Implement technique (e.g., planning in CBCT platform)
- Have more perio participation in treatment planning
- Manage peri-implantitis and maintenance centered on periodontics
- Set the standard of care and guidelines to define predoctoral versus postdoctoral management of implant therapy
- Implement teaching in predoctoral curriculum of surgical planning in CBCT digital platform surgical electives in perio
- Have more involvement in didactic teaching
- Have an implant center for predoctoral students to participate in the process with input from all departments
- Monitor complications and failure rates
- Use a checklist for every case done at the predoctoral level

**Threats**

- Enhanced presence of prosthodontics
- Completion of OMFS, AGD for us to stay leaders
- Faculty position, resources, and time
- Insufficient patient numbers for perio, prosthodontics, and surgical
- Implant complications
- Too few or too complex cases
- Expansion of prosthodontics into surgical development
- Financial limitations
- Demand and competition for implant cases
- Comprehensive dentistry model as used in most schools does not allow participation of periodontics faculty for case selection and treatment planning, (i.e. general dentist make these selections for the students)
- Complications from implant therapy need to be monitored and reported to the Dean for analysis
- Implant maintenance and treatment of implant related disease needs to be addressed