2017 Predoctoral Educators Workshop
Periodontology Leading Implant Education Now and in the Future

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 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 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