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

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Thank You

Dr. Vanchit John

Shana Berezin

AAP Education Committee

AAP Pre-Doctoral Directors Organization


Midwestern University
College of Dental Medicine-Arizona


Midwestern University
Dental Institute

MIDWESTERN UNIVERSITY

GLENDALE, ARIZONA CAMPUS

143 Acre
Health Sciences
Campus
Founded 1995

1 Multispecialty Clinic
2 Eye Institute
3 Dental Institute
4 Clinic Parking Garage
5 Welcome Center
6 Mesquite Hall
7 Foothills Science Center
8 Parking (west side)
9 Glendale Hall
10 Cholla Hall
11 Agave Hall
12 Auditorium
13 Sahuaro Hall
14 Reflecting Pool
15 Chanen Interfaith Chapel
16 Ramada Outdoor Seating
17 Wellness & Recreation Center
18 Ocotillo Hall
19 University Administration
20 Parking (east side)
21 Barrel Student Center I
22 Barrel Student Center II
23 Barrel Student Center III
24 Cactus Clubhouse
25 Parking Garage

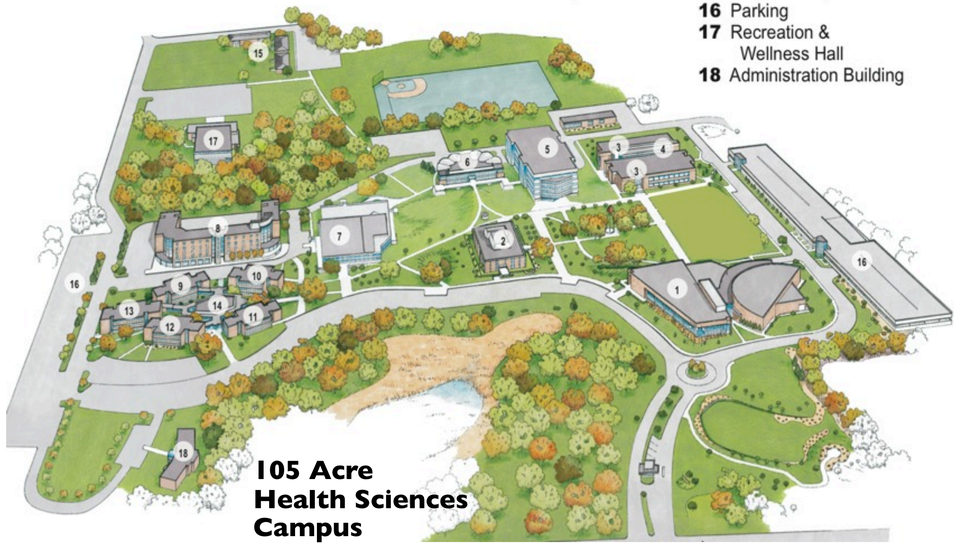
5,500 Students

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
Cardiovascular Perfusion/MS
Biomedical Sciences Masters
Doctor of Health Sciences
Veterinary Medicine/DVM: 2014

MIDWESTERN UNIVERSITY

Downers Grove, Illinois Campus

1 Littlejohn Hall
2 Haspel/Hambrick Hall
3 Alumni Hall
4 Hyde Atrium
5 Science Hall
6 Centennial Hall
7 The Commons
8 Redwood Hall
9 Dogwood Hall
10 Elm Hall
11 Aspen Hall
12 Birch Hall
13 Chestnut Hall
14 Forest Lodge
15 The Pines Apartments
16 Parking
17 Recreation & Wellness Hall
18 Administration Building



105 Acre
Health Sciences
Campus
Founded 1900 in Chicago

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

Simulation Clinic

Midwestern University
College of Dental Medicine-Arizona

Teams

Suites: Small Group Practices

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

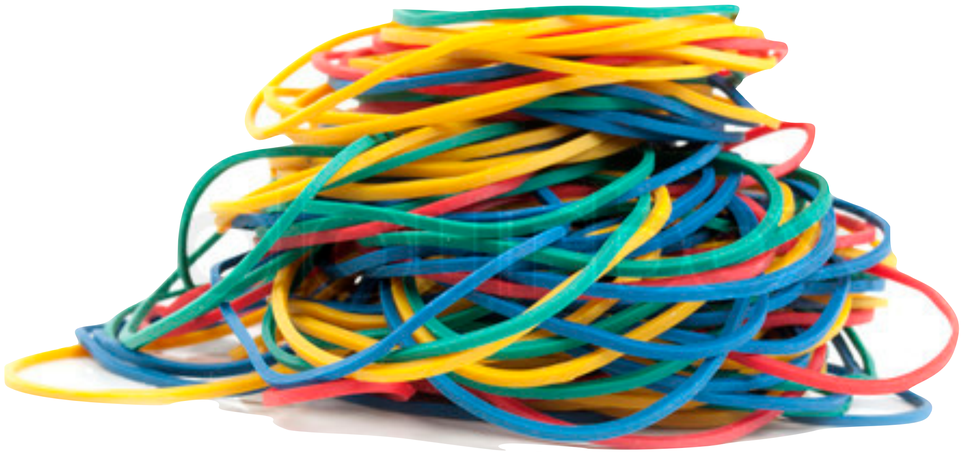
Inaugural Class Graduates: 2015

Class Size : 130

Midwestern University
Multispecialty Clinics

Integrating

Periodontal Education in the Predoctoral Dental Curriculum



Curriculum = Parts

Integrated = Whole

Integrating

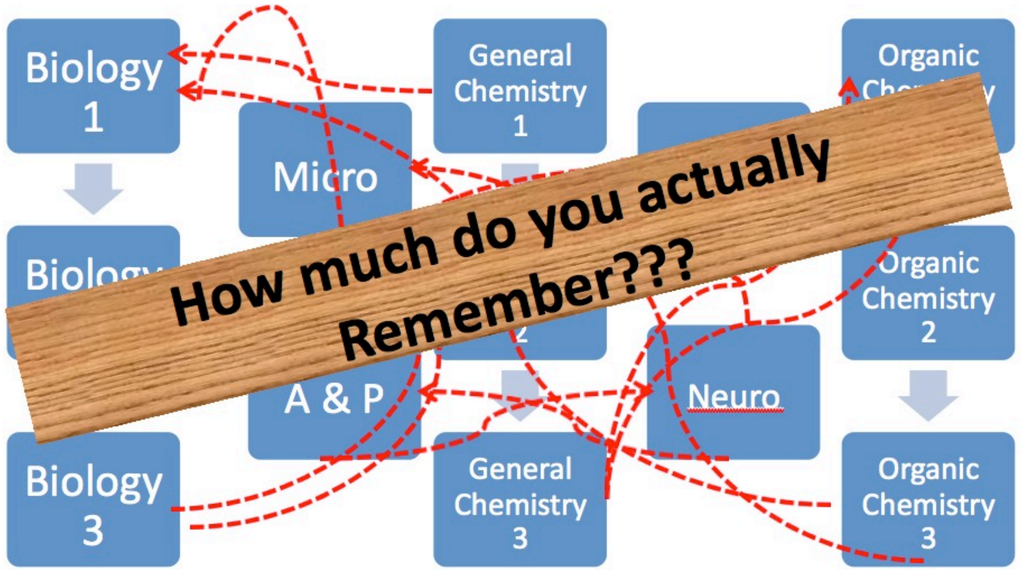
Periodontal Education in the Predoctoral Dental Curriculum

Integrating
= Embedding

Integrating

Periodontal Education in the Predoctoral Dental Curriculum

Integrating
= Synergies



pre-dental requirements

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

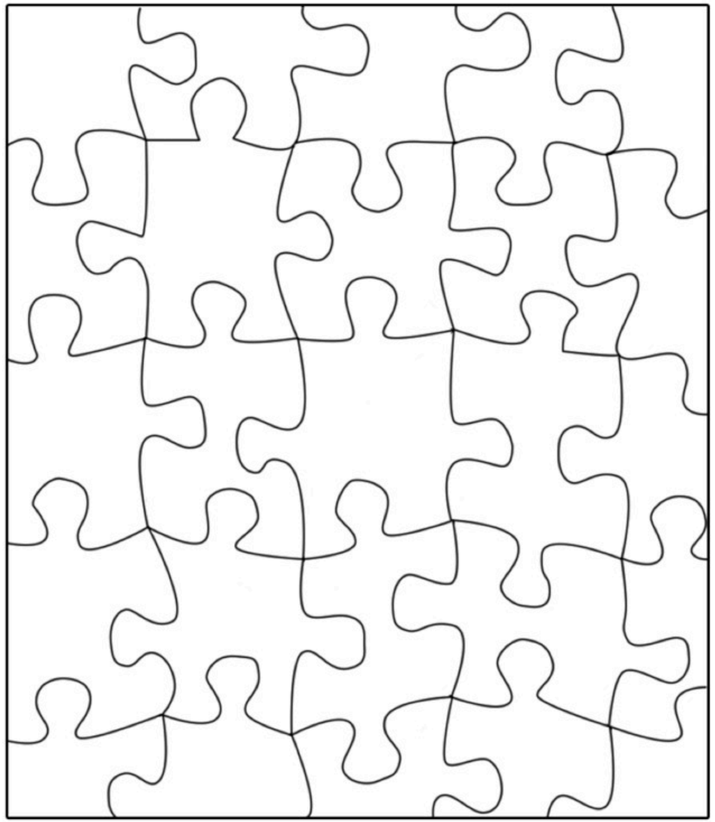
learning objectives

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.

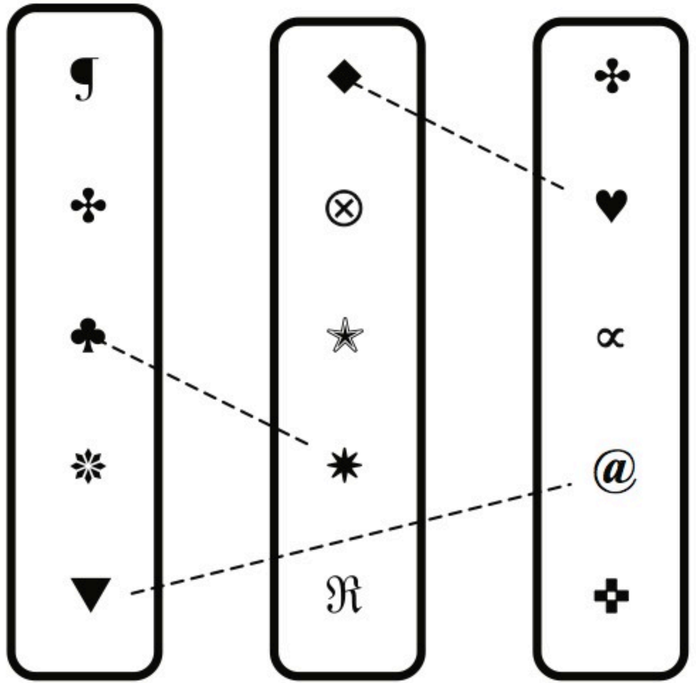
Discuss advantages and disadvantages of a traditional versus an integrated predoctoral periodontology curriculum.

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

new
school
blank slate

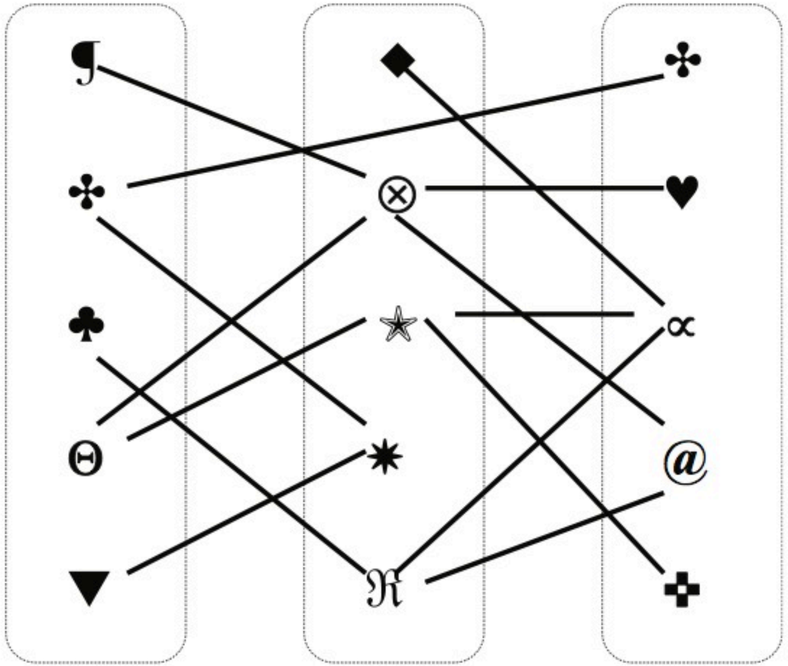


new school: vision



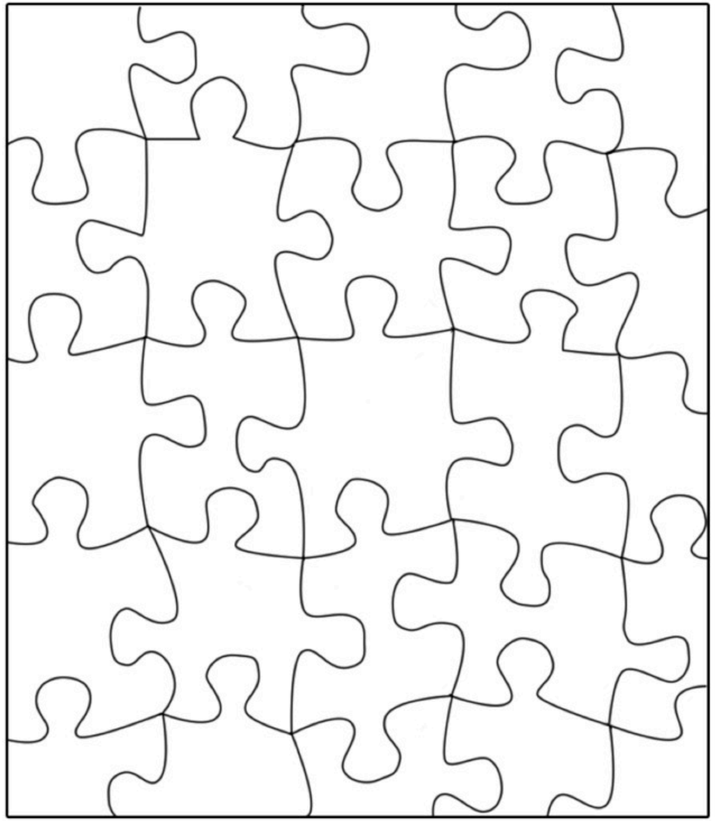
Vertical—compartmentalized

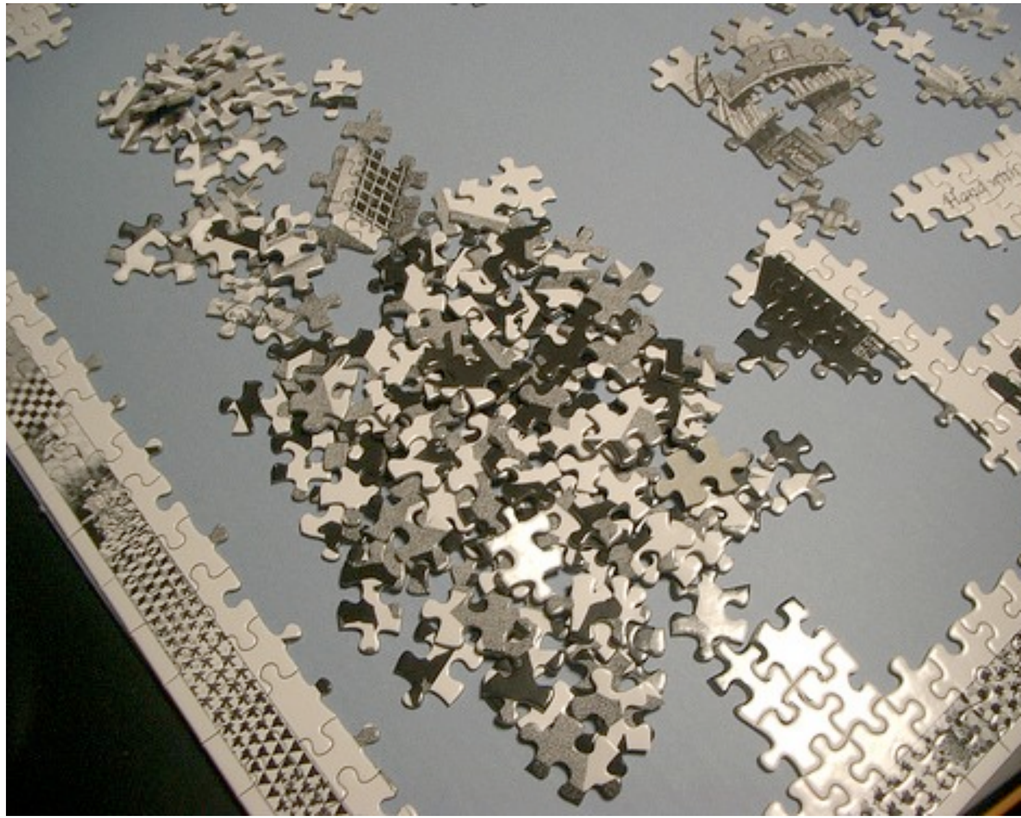
Curriculum
Departments
Faculty



Horizontal—networked

new school building process

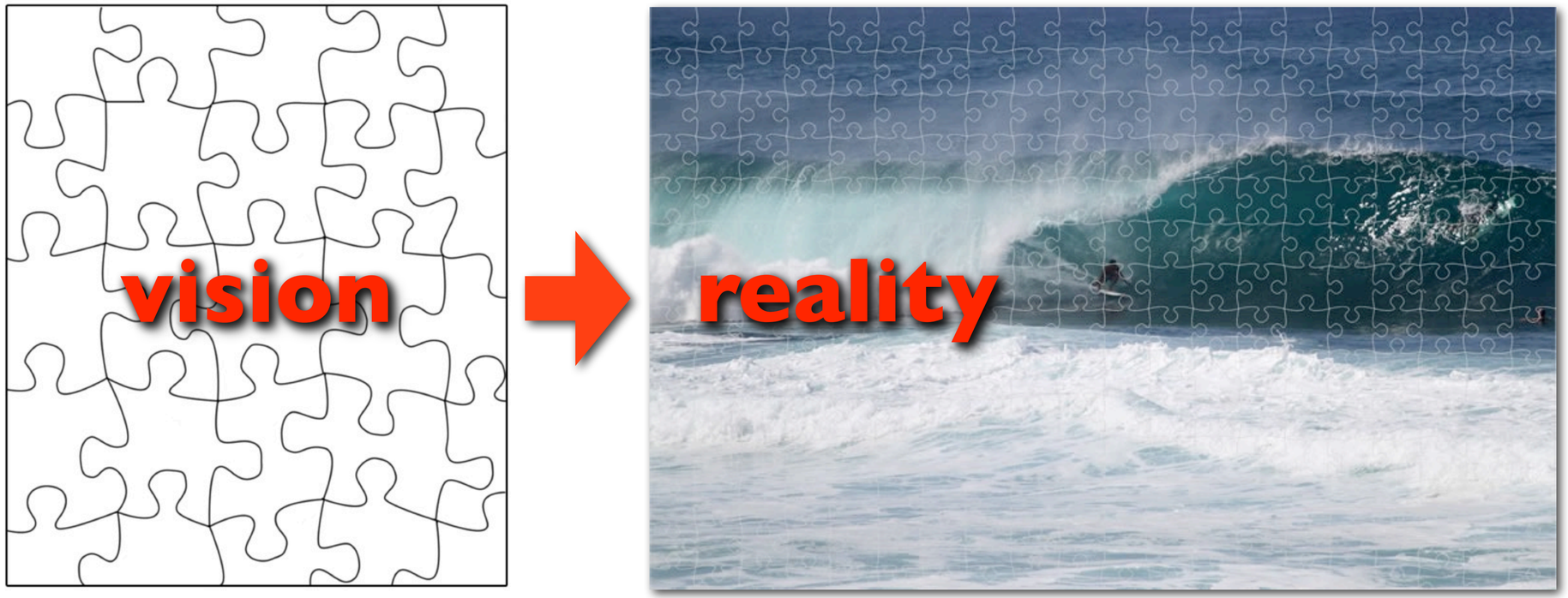




new school building process

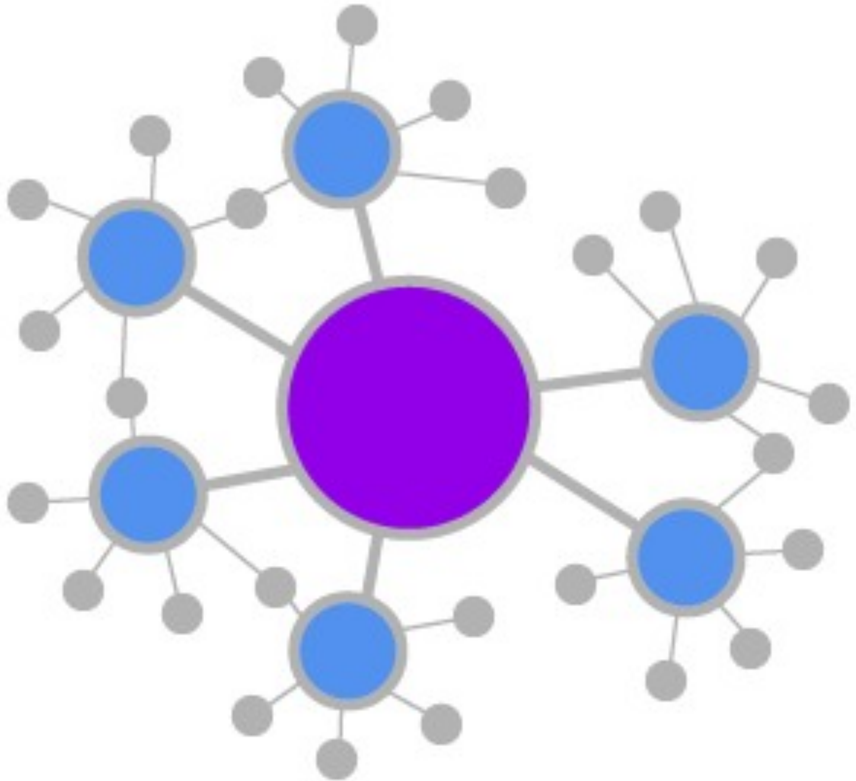
new school

completed
integrated
curriculum



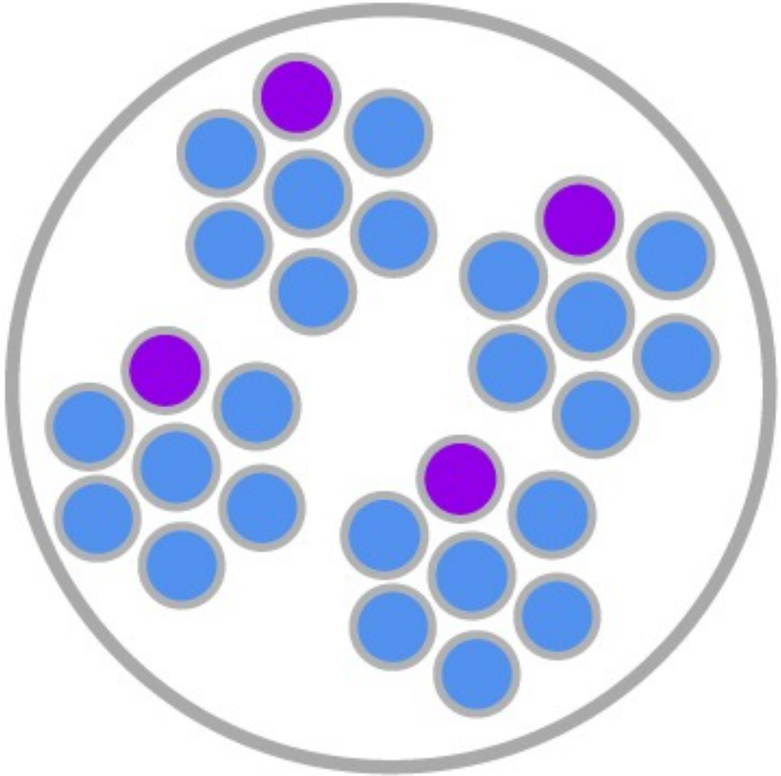
change is difficult

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

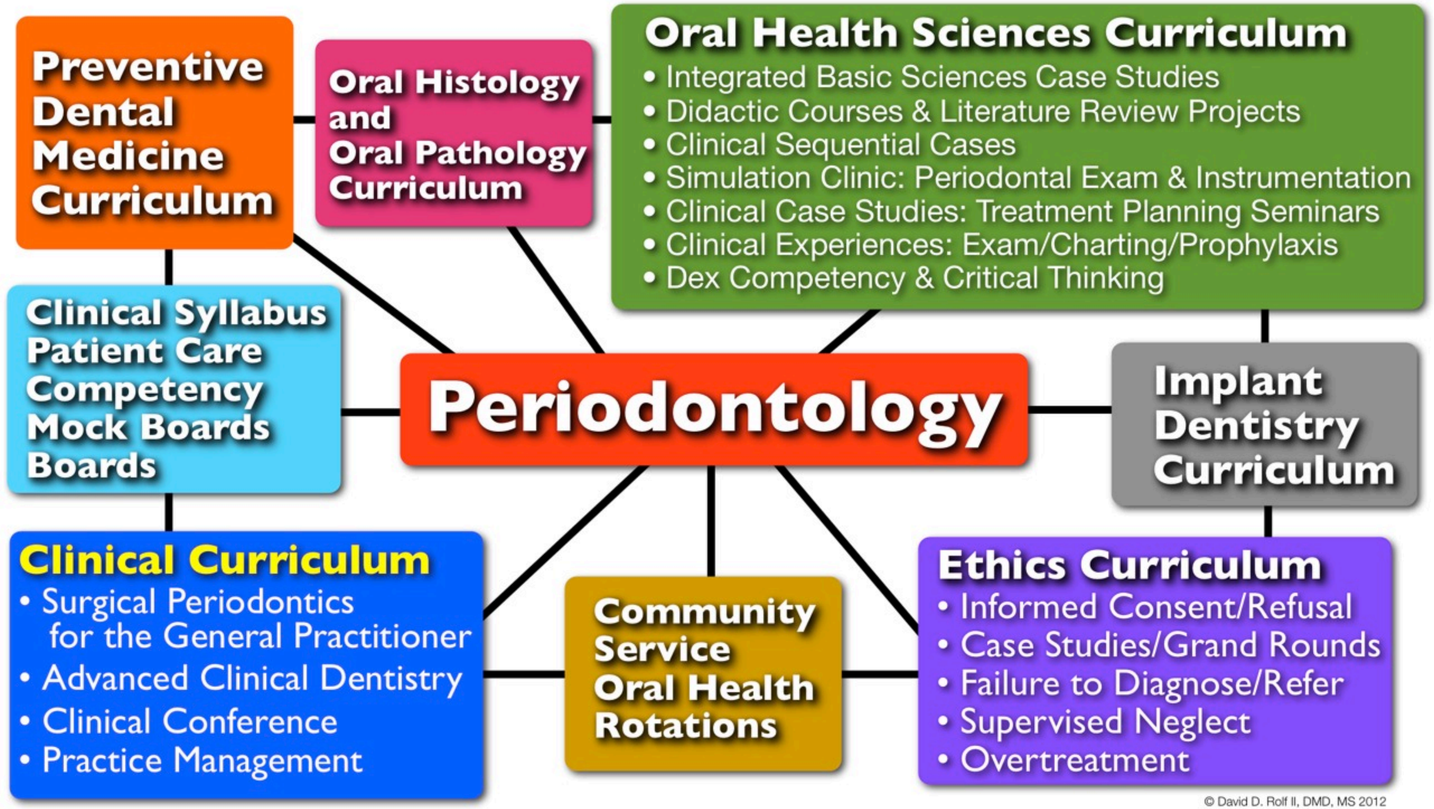
= Oral Health Sciences (Dentistry) Curriculum

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

Ethics & Professionalism Curriculum

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

Preventive Dental Medicine Curriculum

David Rolf II, DMD, MS
Teresa Pulido DDS, MS
Christine Halket DDS, MS
James Pashayan DDS MAEd

D1 Year: Fall & Winter Quarters

20 Hour Curriculum

Etiology, Pathogenesis
Risk Factors & Risk-Based Prevention

Caries, Periodontal Disease, Oral Cancer

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

Preventive Dental Medicine Curriculum

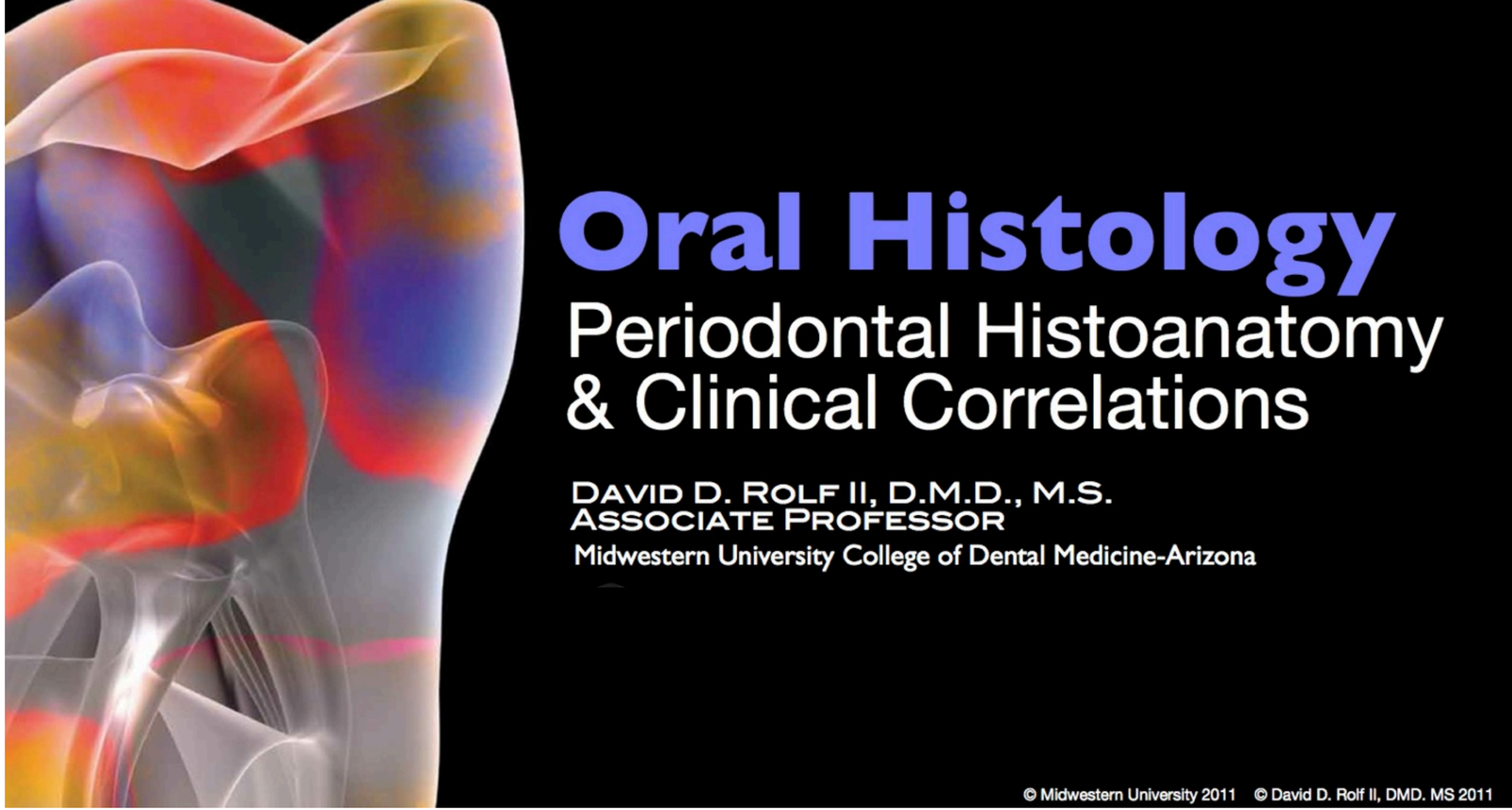
Periodontology & Oral Health

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

Oral Histology
and
Oral Pathology
Curriculum



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

D1

Fundamentals of Periodontology

David Rolf II, DMD, MS
Thomas McDaniel, DMD

D1 Year: Spring Quarter
10 Hour Curriculum

Evidence Based Dentistry
EBD Hands-on Workshop

Normal Periodontium

OHI & Plaque Control Methods


Clinical Rotations
Plaque Index, OHI, Plaque Control

D1 & D2 Years:

Integrated Oral Health Sciences

Oral Health Sciences Curriculum

- Integrated Basic Sciences Case Studies
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- Didactic Courses
- Literature Review Projects
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- Clinical Case Studies: Treatment Planning Seminars
- Clinical Experiences: Exam/Charting/Prophylaxis
- Dex Competency & Critical Thinking

D1 Year

Integrated Basic Sciences Case Studies

Dental Case-Based Component

of the Integrated Systems-Based Basic Science Curriculum

Integrate & translate basic science knowledge into more clinically revevant 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

Course Number	BASI 1501	BASI 1502	BASI 1503
Modules	• Cell Biology • MCB & Metabolism • Cell Structure & Blood	• Cancer and Genetics • Lymphatic System & Immunology	• Infectious Diseases • Integument & Blood Disorders
Credit Hours	4.7 (4.2 + 0.5) (42 L hrs + 1 Case)	5.5 (4.5 + 1.0) (45 L hrs + 2 Cases)	5.2 (4.2 + 1.0) (42 L hrs + 2 Cases)
# of Exams	3	4	3

BASI	Case 1: Metabolic Syndrome
1501	Case 2: Bleeding Disorders
1502	Case 3: Diabetes & Wound Healing
1503	Case 4: HIV
	Case 5: Skin Cancer
BASI	Case 8: Meth Mouth
1504	Case 9: Rheumatoid Arthritis
1505	Case 10: Hypertension
1506	Case 11: Asthma
1507	Case 13: Diabetes/Endocrine
1508	Case 14: Squamous Cell CA
1509	Case 15: Temporomandibular Disorders
	Case 16: Pregnancy
	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

1. List the affect of diabetes on wound healing
2. Describe various types of wound healing
3. List both local and systemic factors that affect wound healing
4. Compare and contrast wound healing by primary and secondary intention
5. List common complications associated with wound healing
6. Describe the relationship between diabetes and periodontal disease.

Team Presentation
5 student doctors

D2 Year:

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

D2

Fundamentals of Periodontology

Christine Halket DDS, MS
Thomas McDaniel, DMD
Aseel Murad, BDS, DMD
David Rolf II, DMD, MS

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

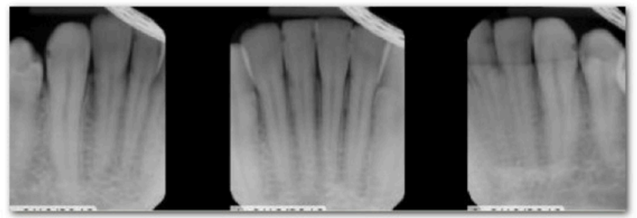
Periodontics Q's integrated into examinations

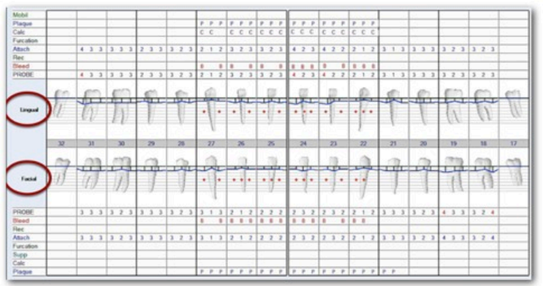
D2
Sequential Clinical Cases

Brad Smith, DDS
Aseel Murad, BDS, DMD

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

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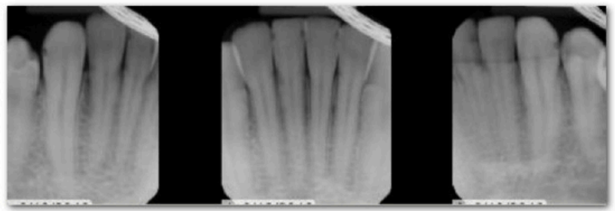
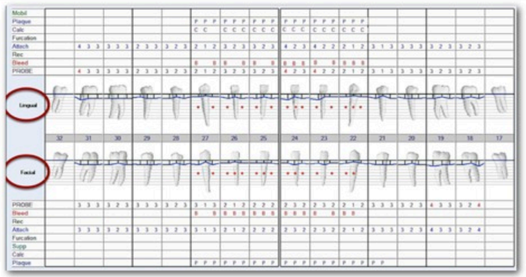
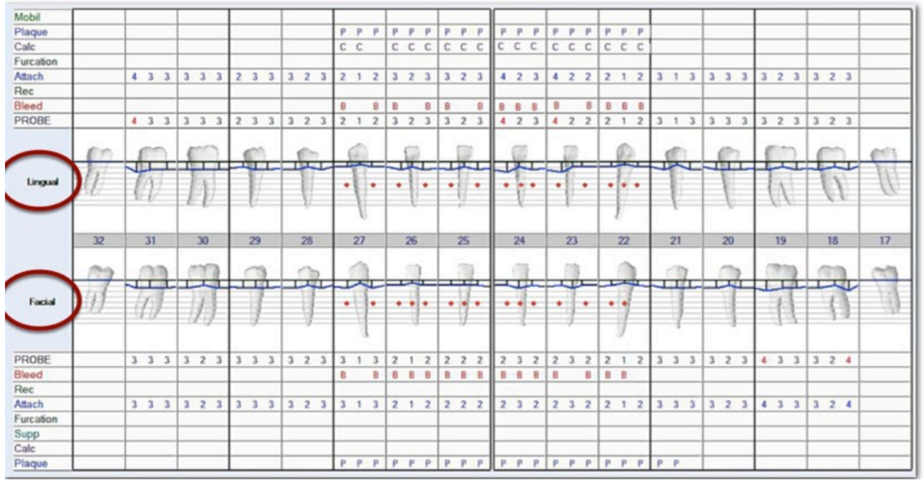




CASE DISCUSSION

- 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?



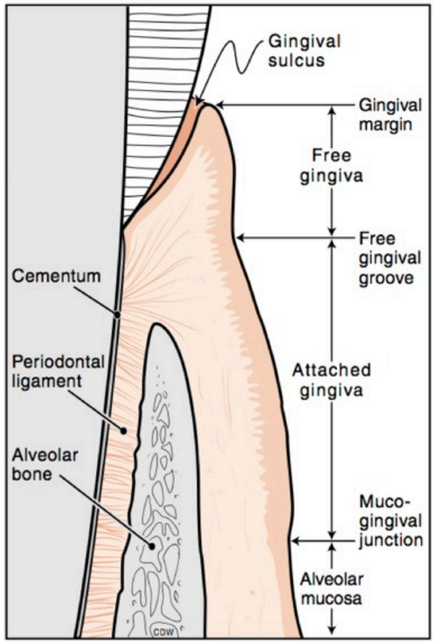
No Radiographic Bone Loss

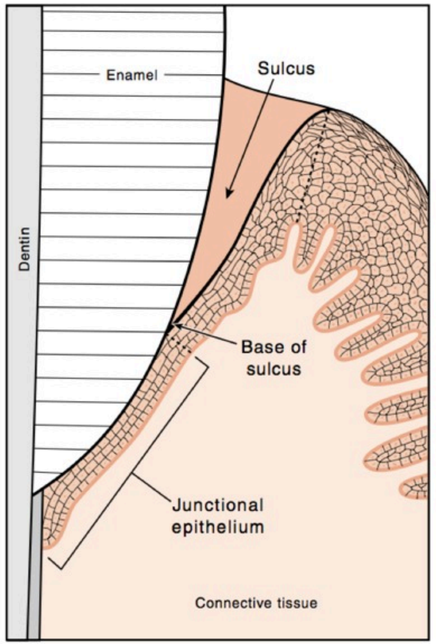
Plaque Biofilm Accumulation

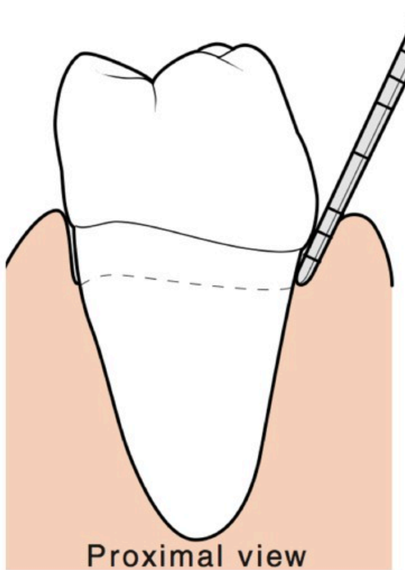
Gingival Inflammation

Bleeding on Probing (BOP)

Probing Depths & CAL 2-4 mm







What are we probing?

Nield-Gehrig, J.S. and Willmann, D., Foundations of Periodontics for the Dental Hygienist, 2003

D2
Sequential Clinical Cases

- 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

Periodontal Diagnosis:

Classification

Development of a Classification System for Periodontal Diseases and Conditions.

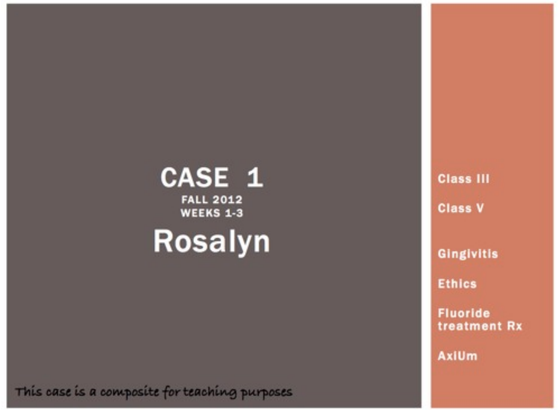
Armitage, Annals of Periodontology 1999

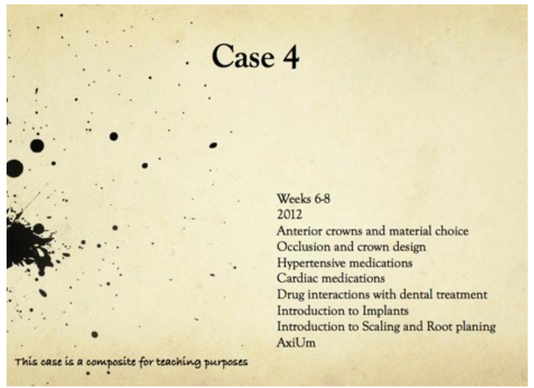
I. Gingival Diseases
- A. Dental plaque-induced gingival diseases*
  - 1. Gingivitis associated with dental plaque only
    - a. without other local contributing factors
    - b. with local contributing factors (See VIII A)
  - 2. Gingival diseases modified by systemic factors
    - a. associated with the endocrine system
      - 1) puberty-associated gingivitis
      - 2) menstrual cycle-associated gingivitis
      - 3) pregnancy-associated
        - a) gingivitis
        - b) pyogenic granuloma
      - 4) diabetes mellitus-associated gingivitis
    - b. associated with blood dyscrasias
      - 1) leukemia-associated gingivitis
      - 2) other
  - 3. Gingival diseases modified by medications
    - a. drug-influenced gingival diseases
      - 1) drug-influenced gingival enlargements
      - 2) drug-influenced gingivitis
        - a) oral contraceptive-associated gingivitis
        - b) other
  - 4. Gingival diseases modified by malnutrition
    - a. ascorbic acid-deficiency gingivitis
    - b. other
- B. Non-plaque-induced gingival lesions
  - 1. Gingival diseases of specific bacterial origin
    - a. *Neisseria gonorrhea*-associated lesions
    - b. *Treponema pallidum*-associated lesions
    - c. streptococcal species-associated lesions
    - 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
      - 1) generalized gingival candidosis
    - b. linear gingival erythema
    - c. histoplasmosis
    - d. other
  - 4. Gingival lesions of genetic origin
    - a. hereditary gingival fibromatosis
    - b. other
  - 5. Gingival manifestations of systemic conditions
    - a. mucocutaneous disorders
      - 1) lichen planus
      - 2) pemphigoid
      - 3) pemphigus vulgaris
      - 4) erythema multiforme
      - 5) lupus erythematosus
      - 6) drug-induced
      - 7) other
    - b. allergic reactions
      - 1) dental restorative materials
        - a) mercury
        - b) nickel
        - c) acrylic
        - d) other
      - 2) reactions attributable to
        - a) toothpastes/dentifrices
        - b) mouthrinses/mouthwashes
        - c) chewing gum additives
        - d) foods and additives
      - 3) other
  - 6. Traumatic lesions (factitious, iatrogenic, accidental)
    - a. chemical injury
    - b. physical injury
    - c. thermal injury
  - 7. Foreign body reactions
  - 8. Not otherwise specified (NOS)

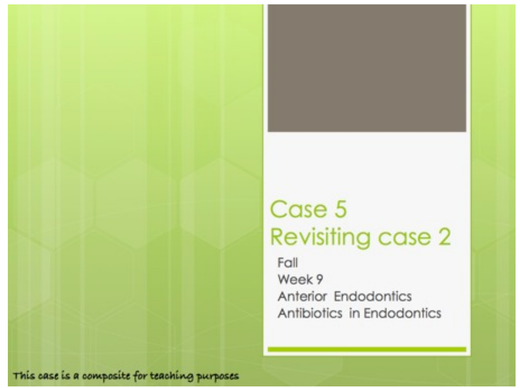
D2

Sequential Clinical Cases

Fall 2012 Cases

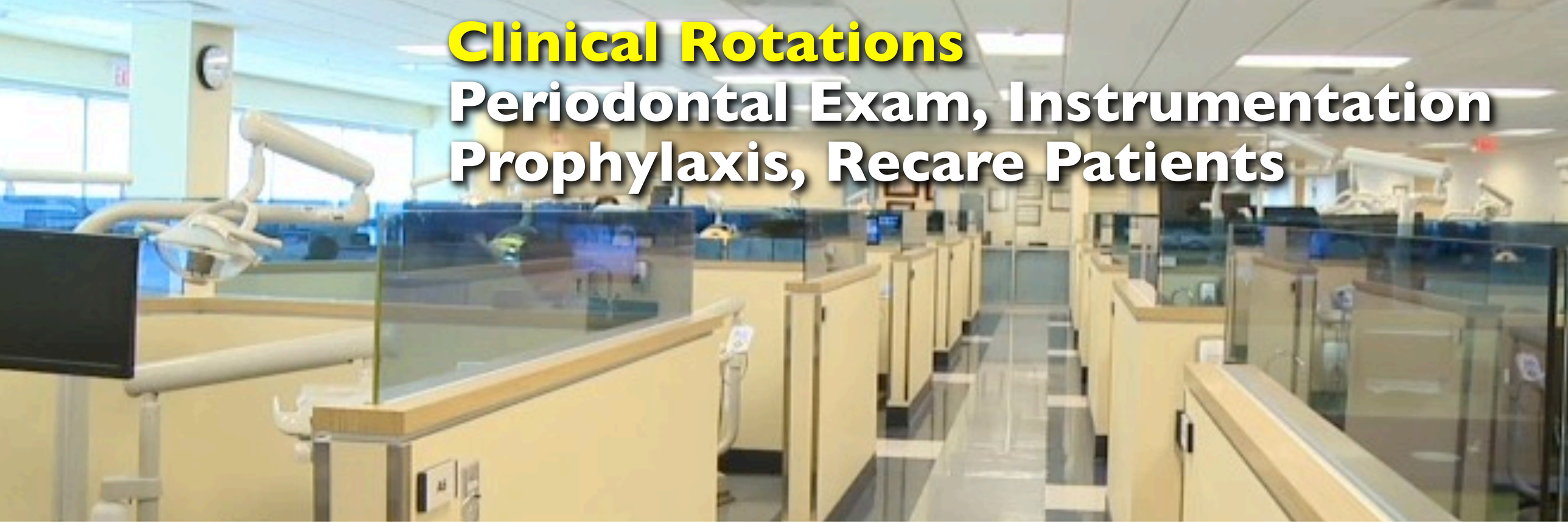






Periodontal Examination & Instrumentation

Simulation Clinic Rotation


Clinical Rotations
Periodontal Exam, Instrumentation
Prophylaxis, Recare Patients

D2
Oral Health Sciences

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 mouthrinse in the daily oral hygiene regimen (which includes mechanical plaque control methods) for your periodontal patient with ineffective home care/plaque control.

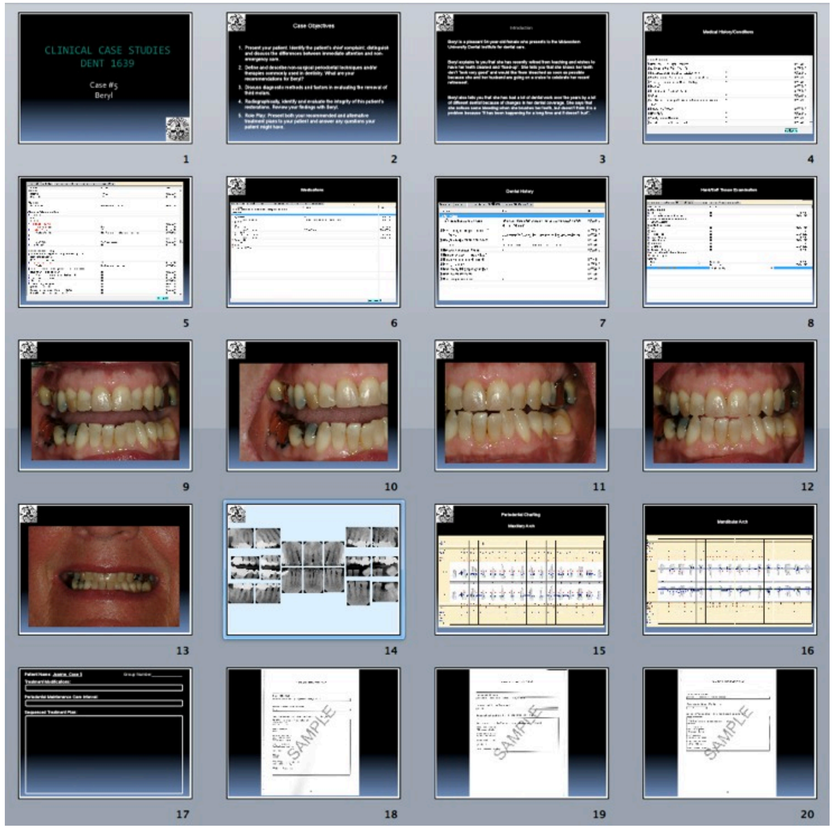
Literature Review Paper

Periodontal Diseases: *Etiology, Pathogenesis, Risk Factors, Antimicrobials*

D2
Oral Health Sciences

Clinical Treatment Planning Case Studies

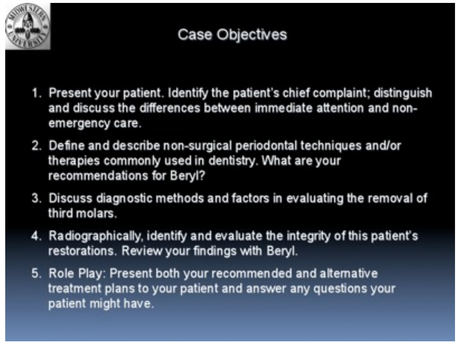
Christine Halket DDS, MS



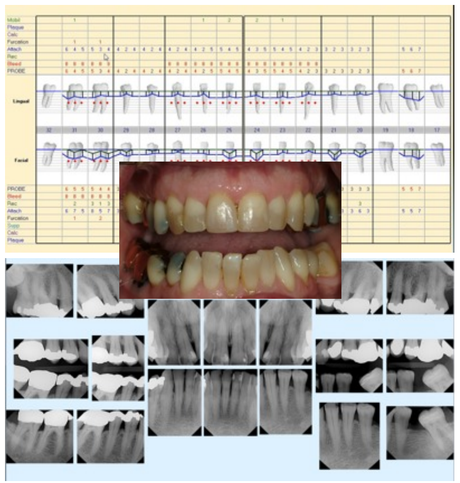
D2
Oral Health Sciences

Clinical Treatment Planning Case Studies

Christine Halket DDS, MS



Patient History
Case Objectives

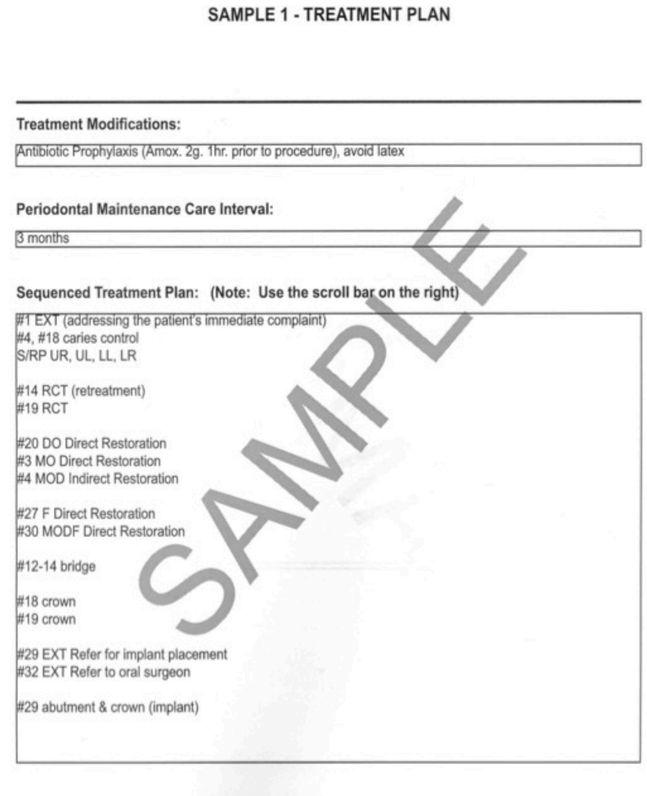


Clinical & Radiographic Findings

D2
Oral Health Sciences

Clinical Treatment Planning Case Studies

Christine Halket DDS, MS



SAMPLE 1 - TREATMENT PLAN

Treatment Modifications:

Antibiotic Prophylaxis (Amox. 2g. 1hr. prior to procedure), avoid latex

Periodontal Maintenance Care Interval:

3 months

Sequenced Treatment Plan: (Note: Use the scroll bar on the right)

#1 EXT (addressing the patient's immediate complaint)
#4, #18 caries control
S/RP UR, UL, LL, LR

#14 RCT (retreatment)
#19 RCT

#20 DO Direct Restoration
#3 MO Direct Restoration
#4 MOD Indirect Restoration

#27 F Direct Restoration
#30 MODF Direct Restoration

#12-14 bridge

#18 crown
#19 crown

#29 EXT Refer for implant placement
#32 EXT Refer to oral surgeon

#29 abutment & crown (implant)

SAMPLE

Dx, Px
Tx Plan
Tx Options

Team Presentation & Discussion

D2
Oral Health Sciences

Dex Competency

Dex Competency

Projects	Preps	Restore	Critical Thinking	Perio	Endo	Radiology
#2 CCC preparation part of FPD	1					
#4 PFM preparation part of FPD	2					
#2-4 Impression for FPD		1				
#6 ACC preparation	3					
#6 Provisional		2				
#8 Composite Veneer preparation	4					
#8 Composite Veneer restoration		3				
#9 Composite Veneer preparation	5					
#9 Composite veneer restoration		4				
#10 ML composite prep and restoration		5				
#11 ML composite preparation	6					
#14 MODB prep and composite build up**	7	6				
#18 MOD amalgam reparation	8					
#19 MO amalgam preparation and restoration		7				
#20 ACC Preparation	9					
#20 Provisional		8				
#30 DO gold inlay preparation (to mesial pit)**	10					
#31 Occ composite preparation and restoration		9				
LRQ 4 teeth SRP Periodontal section				1		
#30 Access + one canal(of choice) shaped and filled					1	
FMX						1
Critical Thinking (oral exit interview)			1			
**new prep	70% pass	70% pass	75% pass	75% pass	75% pass	75% pass

4 Day Mock Board

Critical Thinking Components

Oral Exam on Rationale/EBD

Periodontics Section

Community Service Oral Health Rotations

Robert Kramer, DMD

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

Implant Dentistry Curriculum

David Rolf II, DMD, MS
Christine Halket DDS, MS
Jay Morrow, DDS
Azfar Siddiqui DMD, MDS
Kanokraj Srisuko, DDS, MS

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

HIOSSEN

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

Date	Time	Lecture Topic	Speaker
Aug.31	10.00	Course overview. Dental Implantology: Paradigm shift in dentistry	Dr. Siddiqui
Sep.7	10:00	Implant dimensions and diameters	Dr. Siddiqui
Sep.14	10:00	Choice of saving teeth or placing implants. Atraumatic tooth extractions and extraction socket grafting for dental implant placement.	Dr. Rolf
Sep.21	10:00	All on 4 concept for edentulous ridge rehabilitation	Dr. Mehranfar
Sep28	10:00	Bone grafting nomenclature, indications and type of bone grafts	Dr. Carpenter
Oct.5	9:00	**Midterm Exam**	
Oct.5	10:00	Maintenance of dental implants. Ailing & failing implants: Risk factors, diagnosis and treatment.	Dr. Rolf
Oct.12	10:00	Implant retained and implant supported overdentures	Dr. Siddiqui
Oct.19	10:00	Sinus augmentation for dental implant placement	Dr. Carpenter
Oct.26	10:00	New dental implant systems: Orthodontic, mini and super –wide implants	Dr. Rolf
Nov.2	10:00	Ridge expansion and splitting for dental implant placement	Dr. Siddiqui
Nov.7	7:30	**Final Exam**	

D3 Year

Advanced Topics in Implant Dentistry

Clinical Curriculum

- 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

PREDOCTORAL PERIODONTICS CLINICAL SYLLABUS

Prepared by: David Rolf II, D.M.D., M.S.
Thomas F. McDaniel, D.M.D., F.A.G.D
Denise A. Mills, B.S.D.H., D.D.S.
Russell W. Cyphers, D.D.S., F.A.G.D.
Trever L. Siu, D.M.D., M.S.

MIDWESTERN UNIVERSITY
COLLEGE OF DENTAL MEDICINE

Clinical Syllabus
Patient Care
Competency
Mock Boards
Boards

PREDOCTORAL
PERIODONTICS
CLINICAL
SYLLABUS

Thank You

Dr. Antonio Moretti
UNC

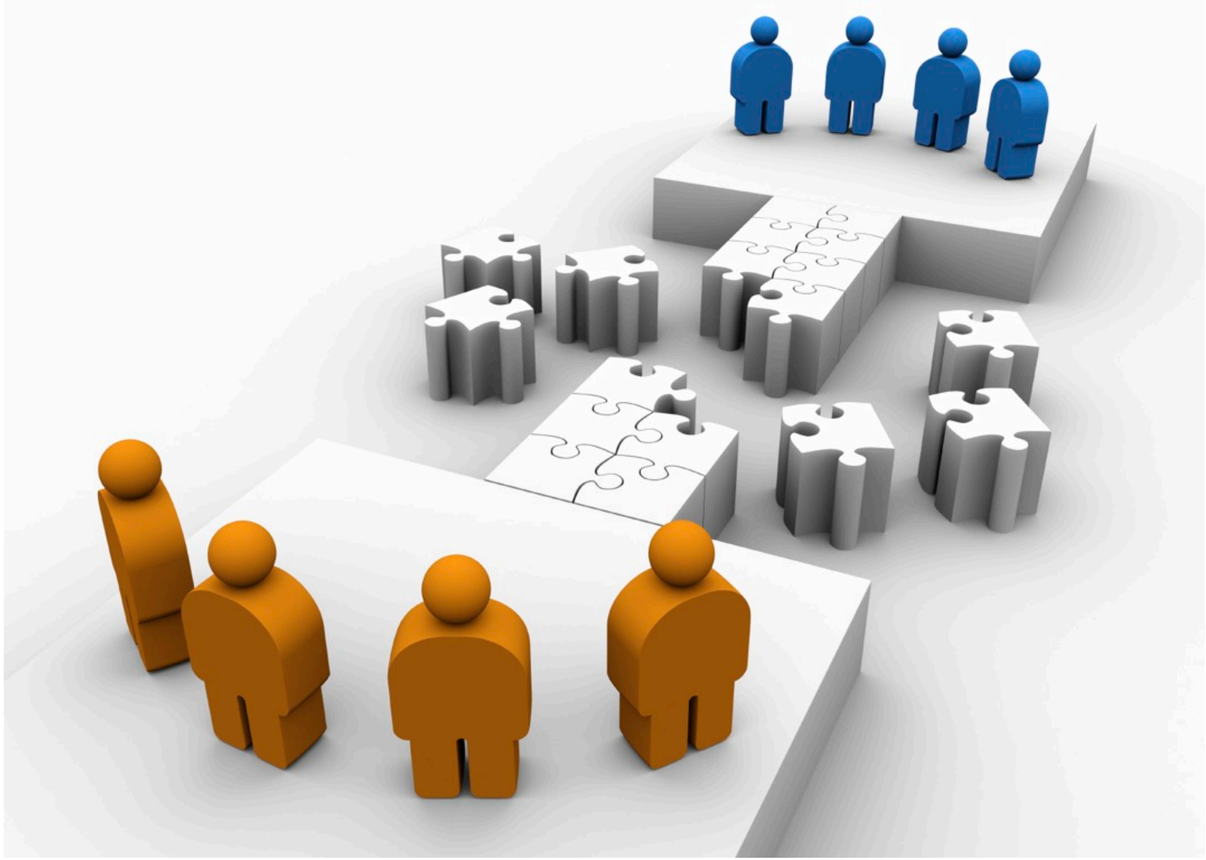
MIDWESTERN UNIVERSITY
COLLEGE OF DENTAL MEDICINE

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

Periodontics

Implant Dentistry

Cross Training

Fully Equipped and Qualified

ADVANTAGES FOR FACULTY & STUDENTS

Faculty Development: our faculty learn more across disciplines
cross training = become better clinicians & teachers

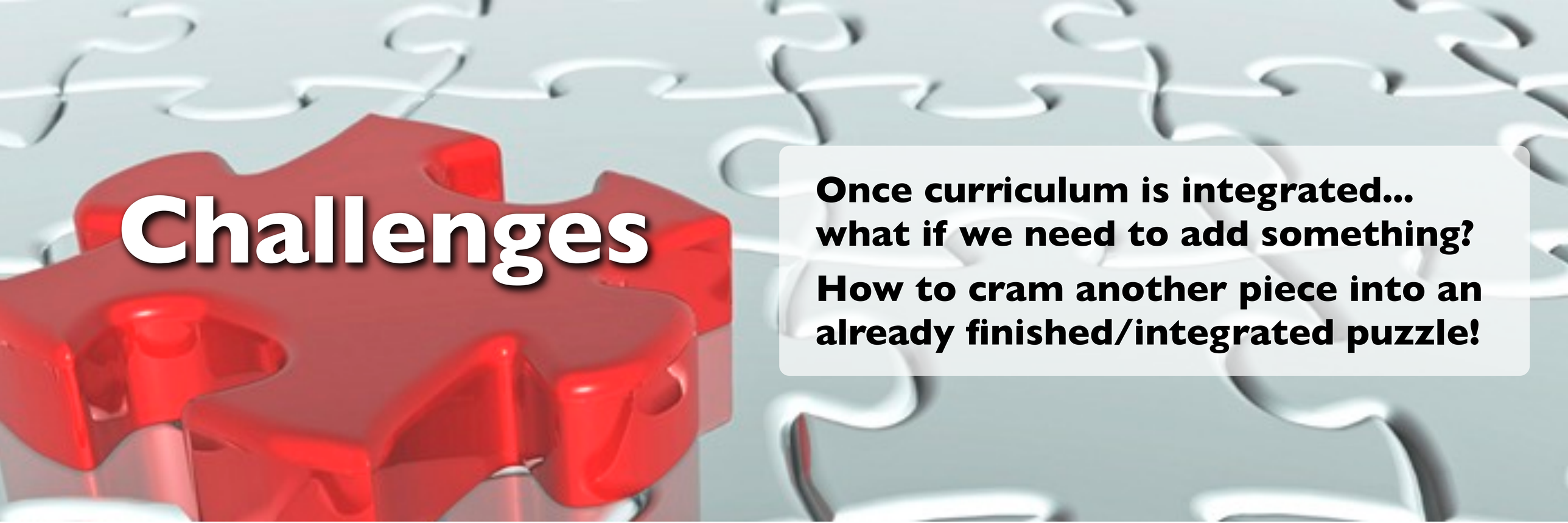
Midwestern University: Working Together

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

Traditional Curriculum
Advantages

Departmental System
Strengths

learning objectives

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


THE AMERICAN ACADEMY
AAP
COOPERATE·ADVANCE
OF PERIODONTOLOGY

thank you