



VCU

VIRGINIA COMMONWEALTH UNIVERSITY

School of Dentistry

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ADEA COHAEP

Best Practices for Advanced Dental Education
Programs

Turf Wars.....it's a real game....who knew????

- **Turf Wars** is a multiplayer by game for iOS and Android, where the **objective is to dominate areas around the world by claiming turf** there. The game uses GPS to allow players to fight for places near themselves.



Tell you about us.....

- Traditional school...1893
- 95 entering DDS each year
- 10 IDP students enter in D2 year
- Graduate programs
- AEGD: 1 yr (6)
- Endodontics: 2 yrs + MSD (3)
- Pediatric Dent: 2 yrs + MSD (5)
- Periodontics: 3 years + MSD (3)
- Orthodontics: 2 years + MSD (4)
- Oral Surgery: 4 years (3)
- Dental Hygiene: BS (24)



Turf Wars.....

- **Define and continue to define** what an entry level general dentist should be able to do.
- More importantly....**define what they are not competent** to do....
- Example....molar endodontics
 - We do not have molar endodontics as an entry level competency....



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Turf Wars

- AAE Endodontic Case Difficulty Assessment Form and Guidelines
 - Helps students and faculty assess the level of difficulty of a case
 - Based on
 - Patient considerations: medically complex, gag reflex, patient disposition, difficulty in obtaining anesthesia
 - Diagnostic and Treatment Considerations: diagnosis, radiographic difficulties, position in arch, isolation, crown and canal morphology
 - Additional considerations: trauma history, retreatment, periodontal-endodontic condition

Turf Wars



AAE Endodontic Case Difficulty Assessment Form and Guidelines

PATIENT INFORMATION

Name _____
 Address _____
 City/State/Zip _____
 Phone _____

DISPOSITION

Treat in Office: Yes No
 Refer Patient to: _____
 Date: _____

Guidelines for Using the AAE Endodontic Case Difficulty Assessment Form

The AAE designed the Endodontic Case Difficulty Assessment Form for use in endodontic curricula. The Assessment Form makes case selection more efficient, more consistent and easier to document. Dentists may also choose to use the Assessment Form to help with referral decision making and record keeping.

Conditions listed in this form should be considered potential risk factors that may complicate treatment and adversely affect the outcome. Levels of difficulty are sets of conditions that may not be controllable by the dentist. Risk factors can influence the ability to provide care at a consistently predictable level and impact the appropriate provision of care and quality assurance.

The Assessment Form enables a practitioner to assign a level of difficulty to a particular case.

LEVELS OF DIFFICULTY

MINIMAL DIFFICULTY Preoperative condition indicates routine complexity (uncomplicated). These types of cases would exhibit only those factors listed in the MINIMAL DIFFICULTY category. Achieving a predictable treatment outcome should be attainable by a competent practitioner with limited experience.

MODERATE DIFFICULTY Preoperative condition is complicated, exhibiting one or more patient or treatment factors listed in the MODERATE DIFFICULTY category. Achieving a predictable treatment outcome will be challenging for a competent, experienced practitioner.

HIGH DIFFICULTY Preoperative condition is exceptionally complicated, exhibiting several factors listed in the MODERATE DIFFICULTY category or at least one in the HIGH DIFFICULTY category. Achieving a predictable treatment outcome will be challenging for even the most experienced practitioner with an extensive history of favorable outcomes.

Review your assessment of each case to determine the level of difficulty. If the level of difficulty exceeds your experience and comfort, you might consider referral to an endodontist.

The contribution of the Canadian Academy of Endodontics and others to the development of this form is gratefully acknowledged.

The AAE Endodontic Case Difficulty Assessment Form is designed to aid the practitioner in determining appropriate case disposition. The American Association of Endodontists neither expressly nor implicitly warrants any positive results associated with the use of this form. This form may be reproduced but may not be amended or altered in any way.

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AAE Endodontic Case Difficulty Assessment Form

CRITERIA AND SUBCRITERIA	MINIMAL DIFFICULTY	MODERATE DIFFICULTY	HIGH DIFFICULTY
A. PATIENT CONSIDERATIONS			
MEDICAL HISTORY	<input type="checkbox"/> No medical problem (ASA Class 1*)	<input type="checkbox"/> One or more medical problems (ASA Class 2*)	<input type="checkbox"/> Complex medical history/serious illness/disability (ASA Classes 3-5*)
ANESTHESIA	<input type="checkbox"/> No history of anesthesia problems	<input type="checkbox"/> Vasoconstrictor intolerance	<input type="checkbox"/> Difficulty achieving anesthesia
PATIENT DISPOSITION	<input type="checkbox"/> Cooperative and compliant	<input type="checkbox"/> Anxious but cooperative	<input type="checkbox"/> Uncooperative
ABILITY TO OPEN MOUTH	<input type="checkbox"/> No limitation	<input type="checkbox"/> Slight limitation in opening	<input type="checkbox"/> Significant limitation in opening
GAG REFLEX	<input type="checkbox"/> None	<input type="checkbox"/> Gags occasionally with radiograph/treatment	<input type="checkbox"/> Extreme gag reflex which has compromised past dental care
EMERGENCY CONDITION	<input type="checkbox"/> Minimum pain or swelling	<input type="checkbox"/> Moderate pain or swelling	<input type="checkbox"/> Severe pain or swelling
B. DIAGNOSTIC AND TREATMENT CONSIDERATIONS			
DIAGNOSIS	<input type="checkbox"/> Signs and symptoms consistent with recognized pulp and periapical conditions	<input type="checkbox"/> Extensive differential diagnosis of usual signs and symptoms required	<input type="checkbox"/> Confusing and complex signs and symptoms: difficult diagnosis <input type="checkbox"/> History of chronic, orofacial pain
RADIOGRAPHIC DIFFICULTIES	<input type="checkbox"/> Minimal difficulty obtaining/interpreting radiographs	<input type="checkbox"/> Moderate difficulty obtaining/interpreting radiographs (e.g., high floor of mouth, narrow or low palatal vault, presence of toni)	<input type="checkbox"/> Extreme difficulty obtaining/interpreting radiographs (e.g., superimposed anatomical structures)
POSITION IN THE ARCH	<input type="checkbox"/> Anterior/premolar <input type="checkbox"/> Slight inclination (<10°) <input type="checkbox"/> Slight rotation (<10°)	<input type="checkbox"/> 1st molar <input type="checkbox"/> Moderate inclination (10-30°) <input type="checkbox"/> Moderate rotation (10-30°)	<input type="checkbox"/> 2nd or 3rd molar <input type="checkbox"/> Extreme inclination (>30°) <input type="checkbox"/> Extreme rotation (>30°)
TOOTH ISOLATION	<input type="checkbox"/> Routine rubber dam placement	<input type="checkbox"/> Simple pretreatment modification required for rubber dam isolation	<input type="checkbox"/> Extensive pretreatment modification required for rubber dam isolation
CROWN MORPHOLOGY	<input type="checkbox"/> Normal original crown morphology	<input type="checkbox"/> Full coverage restoration <input type="checkbox"/> Porcelain restoration <input type="checkbox"/> Bridge abutment <input type="checkbox"/> Moderate deviation from normal tooth/root form (e.g., taurodontism, microdens) <input type="checkbox"/> Teeth with extensive coronal destruction	<input type="checkbox"/> Restoration does not reflect original anatomy/alignment <input type="checkbox"/> Significant deviation from normal tooth/root form (e.g., fusion, dens in dente)
CANAL AND ROOT MORPHOLOGY	<input type="checkbox"/> Slight or no curvature (<10°) <input type="checkbox"/> Closed apex (<1 mm in diameter)	<input type="checkbox"/> Moderate curvature (10-30°) <input type="checkbox"/> Crown axis differs moderately from root axis. Apical opening 1-1.5 mm in diameter	<input type="checkbox"/> Extreme curvature (>30°) or S-shaped curve <input type="checkbox"/> Mandibular premolar or anterior with 2 roots <input type="checkbox"/> Maxillary premolar with 3 roots <input type="checkbox"/> Canal divides in the middle or apical third <input type="checkbox"/> Very long tooth (>25 mm) <input type="checkbox"/> Open apex (>1.5 mm in diameter)
RADIOGRAPHIC APPEARANCE OF CANAL(S)	<input type="checkbox"/> Canal(s) visible and not reduced in size	<input type="checkbox"/> Canal(s) and chamber visible but reduced in size <input type="checkbox"/> Pulp stones	<input type="checkbox"/> Indistinct canal path <input type="checkbox"/> Canal(s) not visible
RESORPTION	<input type="checkbox"/> No resorption evident	<input type="checkbox"/> Minimal apical resorption	<input type="checkbox"/> Extensive apical resorption <input type="checkbox"/> Internal resorption <input type="checkbox"/> External resorption
C. ADDITIONAL CONSIDERATIONS			
TRAUMA HISTORY	<input type="checkbox"/> Uncomplicated crown fracture of mature or immature teeth	<input type="checkbox"/> Complicated crown fracture of immature teeth <input type="checkbox"/> Subluxation	<input type="checkbox"/> Complicated crown fracture of immature teeth <input type="checkbox"/> Horizontal root fracture <input type="checkbox"/> Alveolar fracture <input type="checkbox"/> Intrusive, extrusive or lateral luxation <input type="checkbox"/> Avulsion
ENDODONTIC TREATMENT HISTORY	<input type="checkbox"/> No previous treatment	<input type="checkbox"/> Previous access without complications	<input type="checkbox"/> Previous access with complications (e.g., perforation, non-negotiated canal, ledge, separated instrument) <input type="checkbox"/> Previous surgical or nonsurgical endodontic treatment completed
PERIODONTAL-ENDODONTIC CONDITION	<input type="checkbox"/> None or mild periodontal disease	<input type="checkbox"/> Concurrent moderate periodontal disease	<input type="checkbox"/> Concurrent severe periodontal disease <input type="checkbox"/> Cracked teeth with periodontal complications <input type="checkbox"/> Combined endodontic/periodontic lesion <input type="checkbox"/> Root amputation prior to endodontic treatment

*American Society of Anesthesiologists (ASA) Classification System

- Class 1: No systemic illness. Patient healthy.
- Class 2: Patient with mild degree of systemic illness, but without functional restrictions, e.g., well-controlled hypertension.
- Class 3: Patient with severe degree of systemic illness which limits activities.

- Class 4: Patient with severe systemic illness that immobilizes and is sometimes life threatening.
- Class 5: Patient will not survive more than 24 hours whether or not surgical intervention takes place.



Turf Wars

- However; referrals goes both ways...example again in Endodontics...if the case is simple, it will be referred to the pre-doc clinic.
- Fee differential makes it attractive for many to have treatment in pre-doc clinic. Example anterior tooth \$177 vs \$400.
- This is true for all specialty treatment.



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Turf Wars.....

- Our school, as a rule....believe you are a better general dentist if you were taught by a specialist....to a point....
- D3 year: discipline based
- D4 year: General Practice Model with referrals to specialists
- Try to make it look like the “real world.”



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Turf Wars

- Have general practice faculty teach in the pre clinical courses and labs to calibrate what they teach in clinic.
- Department of Endodontics offered a calibration session for all faculty who may supervise endodontic procedures.



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Turf Wars.....

- Determine how practitioner collaboration will better serve the academic environment...
 - Our example...outcomes data showed us we had an increase in perforations during post space preparations.
 - Pros, Endo and GP worked together to strengthen the curriculum in this area and we saw a dramatic decrease in perforations.



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Turf Wars

- Implants

- D2 Implant Course
- Perio and Oral Surgery place implants
- No graduate prosthodontics program
- Work with DDS student for correct restoration



Turf Wars



- Periodontics
 - Shared surgeries experiences
 - DDS students work with residents on their surgery cases.
 - Students “work the case up” and then assist the resident during surgery and follow up care.



Turf Wars

- Have created electives in each discipline.
- Seniors may sign up for a limited number of spots in a give discipline.
- Very competitive.....hope to expand
- Difficult decisions.....

