ADEA COHAEP SYMPOSIA: TURF WARS

October 30, 2015
8:00 – 9:30 a.m.
Chicago, IL

Saulius E. Drukeinis, D.M.D., M.S., Ph.D.

Associate Professor, Director, Predoctoral Periodontology
Nova Southeastern University College of Dental Medicine
Which dental procedure do you perform best?
What types of questions do you ask yourself after you give a lecture or hands-on clinical seminar?

1. Did the students understand ALL of the information that I taught?
2. Will the students remember ALL of the information that I taught?
3. How quickly can students apply new knowledge to achieve successful performance of a new procedure?
Key Educational Resources in Dental Surgical Implantology

- Faculty availability
  - Didactic
  - Clinical
- Patient availability
  - Financial constraints
  - Sufficient cases for each student, each program
- Implant Surgical Equipment/Materials
- Staff
- Interdisciplinary Support
- TIME
Patient safety concerns

- To what extent do patients spend time thinking about whether or not their dentist has been adequately trained to perform dental implant surgery?
Pathways to acquire initial training in dental surgical implantology

• An accredited Commission on Dental Accreditation training program in which the program’s core competencies include:
  • Surgical placement of dental implants as well as associated competencies relevant to the complexity of the surgical procedures and/or goals of the training program.
  • And in which there is sufficient TIME and RESOURCES to accomplish the stated goals of the training program.

• Alternative pathways
  • Implant fellowships
  • Additional training provided during alternative residency programs
  • Continuing Education programs
Current CODA accredited training programs with standards of training including **competence in the surgical placement of dental implants**

**U.S. Residency Programs**

- Oral and Maxillofacial Surgery
  - Periodontics

  Include surgical placement of dental implants as well as implant site development, including surgical hard/soft tissue augmentation

- Prosthodontics*
  (*effective July 2016)

  CODA Standard 4-22, with intent to train prosthodontic residents to surgically place dental implants in healed edentulous sites with adequate vertical and horizontal osseous tissue as a part of prosthodontic treatment for patients
Predoctoral Distribution of Implant Surgical Referrals

- Periodontics
- Prosthodontics
- Oral and Maxillofacial Surgery
Initial Screening and Data Collection

- NSU CDM patients are initially screened to determine if the comprehensive patient care of patients can be managed by a predoctoral student provider.
- Initial Data Collection
  - Medical, Family and Social History
  - Dental History
  - Extraoral/Intraoral Evaluation and TMJ
  - Radiographic Assessment
  - Dentition and Occlusion
  - Periodontal Evaluation
  - Diagnostic Impressions, Mounted Casts
Preparation for Implant Prosthodontics Consultation

• Implant Overdenture
  • The existing immediate or complete denture prostheses must be evaluated for adequacy prior to proceeding with duplication and surgical implant consult.

• Fixed Implant Prosthodontic Restorations
  • Two (2) sets of Mounted Diagnostic Casts from two separate diagnostic impressions. First set of casts will be used only as a diagnostic record, and the second set of casts will be used to fabricate a diagnostic wax-up.

• Tentative optimal and alternative treatment plan reviewed by the Team Leader.
Predoctoral Consultation with Implant Prosthodontics Faculty

- Have the appropriate Implant Consult made by Implant Prosthodontics Faculty.
- Consult must specify the implant site and complexity level (Class I, II, or III Implant Referral).
- Implant Treatment Considerations
  - Ridge Dimensions (Buccal-lingual Width, Height of Bone, Mesial-distal Space, etc.)
  - Soft Tissue Dimensions
  - Inter-arch Distance
  - Occlusal Vertical Dimension (OVD)
  - Esthetics (tooth position, lip support, lip line, tooth condition - size, shape, and color)
  - Possible Immediate Placement or Immediate Provisionalization?
Preparation for Implant Surgical Referral…

• Patient must have signed Treatment Plan that includes the implant site(s).
• Surgical Guide is fabricated by Pre-doc student and approved by Implant Faculty.

Photos Courtesy Dr. Carlos Villanueva, Nova Southeastern University College of Dental Medicine

• Implant Referral Form (REFER->) Include implant site(s) and Complexity Level (Class I, II, or III Implant Referral)
“Class I” Implant Referral

• “Straight forward” patients
  • No significant medical problems
  • Normal psychological makeup
  • Do not require significant hard or soft tissue grafting
  • Have sufficient bone in a healed ridge
    • Can include immediate placement of implant if initial stability can be easily achieved
  • Require placement of no more than two implants

**Can be assigned to Prosthodontics, Periodontics or Oral and Maxillofacial Surgery Residents.**
“Class I” Implant Referral (Fixed Implant Restoration)

CDM Referral

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<tr>
<th>Form Question</th>
<th>Answer</th>
<th>Date</th>
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<tbody>
<tr>
<td>REFERRAL TO/FOR: PREDOC IMPLANTS</td>
<td></td>
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<tr>
<td>Has Patient Accepted the Treatment Plan?</td>
<td>Y</td>
<td>08/27/2015</td>
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<tr>
<td>Patient Classification for Implants</td>
<td>Class I: Straight forward implant case</td>
<td>08/27/2015</td>
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<td># of implants FOR THIS REFERRAL</td>
<td>1</td>
<td>08/27/2015</td>
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<tr>
<td>List Site (tooth) numbers for Predoc Special</td>
<td>30</td>
<td>08/27/2015</td>
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<tr>
<td>Any regular priced (D6010) implants planned (specify tooth number/site(s)):</td>
<td>no</td>
<td>09/10/2015</td>
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<tr>
<td>Has the surgical/xray stent (D6190) been completed and approved by Predoc faculty?</td>
<td>Y</td>
<td>08/27/2015</td>
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"Class I" Implant Referral
(Implant Overdenture)
“Class II” Implant Referral

• “Advanced” patients
  • o Sinus elevation required
  • o Guided bone regeneration
  • o Multiple implants
  • o Immediate placement where initial stability may be difficult to obtain
  • o Immediate load implants
  • o Patients who require work within the esthetic zone that includes grafting and/or crown lengthening procedures

**Assigned to either Periodontics or Oral and Maxillofacial Surgery Residents.**
### “Class II” Implant Referral

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<td>PREDOC IMPLANTS</td>
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<td>Has Patient Accepted the Treatment Plan?</td>
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<td>05/01/2014</td>
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<td>Patient Classification for Implants</td>
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<td># of implants FOR THIS REFERRAL</td>
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<td>Has the surgical/xray stent (D6190) been completed and approved by Predoc faculty?</td>
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<td>05/01/2014</td>
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“Class III” Implant Referral

- Patients requiring implant placement with other complicating factors, such as:
  - Extensive trauma involving the maxilla or mandible
  - Post cancer surgery involving the maxilla or mandible
  - Cleft palate in the area of implant placement
  - Other advanced oral pathology requiring OMFS in field of treatment
  - Other advanced medical complications and/or patients who require surgery under General Anesthesia

**Assigned to Oral and Maxillofacial Surgery Residents**
“Class III” Implant Referral

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<tr>
<td>PREDOC IMPLANTS</td>
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<td>Has Patient Accepted the Treatment Plan?</td>
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<td>Patient Classification for implants</td>
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<td>Comments</td>
<td>Sinus lift needed prior implants 2-3</td>
<td>07/09/2013</td>
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Interdisciplinary “Cross-Training”
- Surgical Implant Seminars, Case Presentations
- Implant Prosthodontic Seminars, Case Presentations
- Clinical Availability of Faculty to Various Programs
- Interdisciplinary Team Approach for Unique Cases
Thank you very much!