



College of Dentistry and Dental Clinics

Office for
Education

Department Curriculum Review for Pediatric Dentistry

I. Department Report

Work Group: Drs. S. Guzman-Armstrong, D. Jones, and Mr. C. Reitz (D3-DS representative)

Curriculum Review presented to Curriculum Committee, January 2018.

Date: October 10, 2017

Department: Pediatric Dentistry

I. Department Mission Statement: development a statement if none exists; also as posted on the website.									
<p>Pediatric Dentistry Mission:</p> <p>The mission of the University of Iowa Department of Pediatric Dentistry is to improve the oral health of infants, children, adolescents and persons with special health care needs by providing:</p> <ol style="list-style-type: none">1. Contemporary education in pediatric dentistry for pre-doctoral dental students;2. Advanced education in pediatric dentistry for residents in the post-graduate training program;3. Oral health management and treatment of children from birth to age 21 regardless of developmental, social, medical, or dental circumstances;4. Advancement of the specialty and discipline of pediatric dentistry through research and scholarship;5. Continuing education on subjects related to pediatric oral health to local, state, national and international audiences;6. Consultation and technical assistance to individuals and groups needing a resource for pediatric dental issues;7. Service to the community, the state and the profession through outreach activities.									
II. Describe how the department curriculum addresses the Collegiate Characteristics of a College of Dentistry Graduate									
<table><tr><th>IOWA Domains</th></tr><tr><td>Critical Thinking</td></tr><tr><td>Professionalism</td></tr><tr><td>Communication & Interpersonal Skills</td></tr><tr><td>Health Promotion</td></tr><tr><td>Practice Management & Informatics</td></tr><tr><td>Patient Care Assessment, Diagnosis & Treatment Planning</td></tr><tr><td>Patient Care Establishment and Maintenance of Oral Health</td></tr></table>	IOWA Domains	Critical Thinking	Professionalism	Communication & Interpersonal Skills	Health Promotion	Practice Management & Informatics	Patient Care Assessment, Diagnosis & Treatment Planning	Patient Care Establishment and Maintenance of Oral Health	<p>The Department of Pediatric Dentistry has direct interaction with students during the D2, D3 and D4 years. During this time, all seven characteristics of a College of Dentistry graduate are addressed. While the basis of technical competence is introduced in the D2 course, it is further developed in the D3 clerkship where it is coupled with critical thinking and judgement. It is here that the application takes place with patient care that is administered in a manner that maintains ethical and professional values. The clinical pediatric clerkship experiences require students to function with an interdisciplinary mindset as they obtain consults from other dental departments and medical personnel. The variety of exposures to differing socioeconomic and cultural situations helps our students appreciate the patient and practice management side of dentistry. An understanding of social responsibility is gained as our students participate in outreach programs during the D3 and D4 years. While self-assessment occurs with each patient encounter, the D4 experience helps students validate the need for self-assessment and life-long learning.</p>
IOWA Domains									
Critical Thinking									
Professionalism									
Communication & Interpersonal Skills									
Health Promotion									
Practice Management & Informatics									
Patient Care Assessment, Diagnosis & Treatment Planning									
Patient Care Establishment and Maintenance of Oral Health									

III. Include department organizational structure and how it fulfills the department's mission. Attach appendix, if necessary.

The department chair (DEO) is ultimately responsible for the overall vision for the predoctoral and postdoctoral education within the department, which aligns with the department's mission of *Education, Patient Care, Research and Community Service*. Almost all-full-time faculty actively participate in all didactic and clinical courses taught within the department, as well as in research and community service activities (Please see Appendix I).

D1 Year – Four faculty members serve as research mentors for D1 students, and almost all faculty (n=5) participate in D1 research activities.

D2 Year – In the D2 didactic course, each full-time faculty member delivers at least one lecture and some of the faculty present up to 4 lectures. In the simulation portion of this course, we have 4 faculty members help each session, with 6 total sessions. Each faculty member provides readings, goals and objectives for each lecture and assists the course directors in preparing exam questions. Four faculty members serve as research mentors for D2 students, and almost all faculty (n=5) participate in D2 research activities.

D3 Year – All full-time faculty participate in teaching on the DSB clinic floor and provide examination questions for the OSCE examination. Four full-time faculty are involved with the 1 ½ day D3-rotation at the “Center for Disabilities and Development” where junior students observe the dental care provided for patients with special health care needs. All full-time faculty contribute to smaller group discussions by leading seminars that build on the foundational knowledge provided in the D-2 course or they work with students on case-studies. All D3 students dedicate one-half day presenting evidenced-based cases that are graded by up to 4 faculty in pediatric dentistry and 1 faculty from Preventive and Community Dentistry. A full-time faculty directs and supervises outreach activities that involve school presentations, screenings and fluoride varnish applications. At least 2 full-time faculty have been involved with Project SEALS where students provide screenings, fluoride varnish and sealant applications for school-aged children in Postville and Waukon, Iowa. Four faculty members serve as research mentors for D3 students, and almost all faculty (n=5) participate in D3 research activities.

D4 Year – All full-time faculty work with the students on the DSB clinical floor or in the Muscatine Clinic. Pediatric dentistry residents work with the D4 students at the Infant Oral Health Program located at the Johnson County WIC clinic. Lectures are given as part of the FAMD course and these are topics that may be seen as cutting edge in pediatric dentistry, exposing them to current trends in pediatric patient care by a general dentist. Few students at this time are involved with research activities; therefore, probably 1 or 2 faculty members supervise the D4 students on their research.

IV. Provide profiles for each course: additional rows can be added as needed.				
Year	Course No.	Course Director/Co-Director	Format: lecture, seminar, PBL, CBL, simulation lab, clinical, etc.	Faculty:Student Ratio
D2	PEDO:8240	Skotowski/Owais	Lecture, simulation clinic	Lecture – 1:80 Simulation clinic – 1:10
D3	PEDO:8360	Mabry/Leary	Teaching modules, case studies, clinic	Clinic – 2:10 Teaching modules – 1:10 Case Studies – 1:1
D3	PEDO:8365	Mabry/Leary	Seminar	1:20
D4	FAMD:8494 (Senior Year Rotation)	Leary	Seminar, clinic	Clinic – 2:2 Case Studies – 1:1 Outreach Clinics – 1:4

V. Describe how <u>horizontal</u> curriculum integration is achieved with other departments, courses, and/or learning activities. Note current achievements and highlight areas, topics, or disciplines that need further improvement.
<p>Because the scope of pediatric dentistry practice includes general dentistry for children from birth to 18 years of age, aspects of all dental specialties are utilized in the treatment of children. Therefore, interprofessional educational collaborations occur at both didactic and clinical levels between our department and all other COD departments. Faculty from other departments teach in our courses, as well as pediatric dentistry faculty teach in other department courses. During patient care, D3 and D4 students request consults on a daily basis from other departments. In addition, referrals to Oral Surgery are done on a weekly basis for procedures that are outside the scope of pediatric dentistry, but are related to the pediatric population. Pediatric Dentistry patients in the transitional or permanent dentition have an orthodontic evaluation provided by the Orthodontic department. The collaboration between our department and orthodontics is two folded. First, the examination and treatment planning of every child should take into account their present occlusion and potential growth and development. Second, this is the students' opportunity to learn when orthodontic treatment should ideally begin and a referral to an orthodontist occur at the appropriate time. In addition, it is worthy to note that students may have an opportunity to provide interceptive orthodontic care related to space issues by conducting primary tooth extractions and placing space maintainers, such as Lower Lingual Holding Arch and Nance orthodontic appliances. Often, students consult with several primary care providers and medical specialists to ensure that the dental care provided for patients with medical conditions are done properly and in a safe manner. Consults with the College of Dentistry Social Worker also occur regularly, which may include, but are not limited to, help with guardianship status, transportation and dental insurance issues. Please see PowerPoint presentation in Appendix II regarding information on interprofessional education collaborations for the pre- and postdoctoral students both at the didactic and clinical levels.</p> <p>With the ultimate goal to graduate competent general dentists who are confident and skilled to provide routine preventive, restorative and emergency dental care for pediatric patients, our</p>

department has made several curricular modifications in the past years. With the horizontal integration in mind, we improved our pediatric dentistry didactic curriculum for the D2, D3 and D4 years in 2016 based on (1) two consecutive faculty retreats dedicated to review our courses, concepts and lectures taught; (2) feedback from students; and (3) the content of courses from other departments through the curriculum mapping system. The new curriculum was improved by avoiding repetition of concepts from one lecture to another within our departmental courses, as well as from courses of other departments. One major clinical curriculum modification was the establishment of the “Senior Year Pediatric Dentistry Rotation” in 2014. This rotation was much needed since the pediatric dentistry experience during the senior year was very limited. Because senior students work faster and can see more challenging patients when compared to the junior students, this rotation has helped decrease the waiting time for some patients that were previously seen only by the pediatric dentistry residents. Please see Appendix III for information on horizontal curriculum integration within pediatric dentistry and with other departments both didactic and clinically for years D1, D2, D3, and D4. Please see below a description of the pediatric dentistry courses taught in the D2, D3, and D4 years.

D2 YEAR

Pediatric Dentistry Diagnoses and Treatment (PEDO:8240)

The purpose of this course is to provide sophomore dental students with the basic knowledge and understanding of a child's cognitive and physical development and the techniques of examination, diagnosis and treatment in order to prepare them for their clinical interaction with children during the junior and senior years of dental school and beyond. After successfully completing the course, students should be prepared to enter the junior clerkship possessing a foundational knowledge base of pediatric dentistry ready to provide comprehensive dental care for child patients from birth through adolescence with guidance from the clinical pediatric dentistry faculty. The course consists of 20 lectures and corresponding reading assignments, 1 radiographic diagnosis and treatment planning exercise and several dentoform exercises conducted in the simulation clinic. Competence professional performance level is assessed through 2 written examinations.

D3 YEAR

Clinical Seminar in Pediatric Dentistry (PEDO 8365)

The purpose of the course is to challenge the student dental clinician with a variety of pediatric dental topics in order to allow them to progress towards competency in comprehensive treatment for the child dental patient. This is achieved by the presentation of seminars and a case-based radiographic and treatment planning competency exercise designed to emphasize actual clinical treatment as well as by administering a pediatric dental clerkship pretest. Seminar topics are supported with additional reading assignments and include established guidelines or standards of patient care where they exist. Seminar instructors endeavor to provide evidenced based, scientific materials as well as their own clinical expertise and experience. Competence professional performance level is assessed through CATS/PICO and written examinations.

Clinical Pediatric Dentistry (PEDO 8360)

The purpose of the course is to develop the skills of the student dental clinician to a level of competence in the treatment of the child dental patient. This is accomplished during the provision of comprehensive clinical treatment to pediatric patients ranging in age from infancy to adolescence. Students typically see 2-5 pediatric patients each day. Patient needs vary and will include initial comprehensive examinations, recall examinations, preventive care, restorative dentistry, pulpal therapy, extractions, space maintainers, and emergency dental care. The clinical experience is

supported with lectures and reading assignments which address topics relevant to the practice of pediatric dentistry. One ½ day of clinic is spent at the Centers for Disabilities and Development observing the treatment of patients with special health care needs. Another ½ day clinic session is spent preparing and delivering a dental health education presentation to a group of children and their caregivers. A one day session involves treatment at an off-site low income community service clinic (a school-based sealant program). Students have experiences working with dental assistants as part of the health care team, as well as getting feedback and help on calculus removal from a full-time dental hygienist faculty member. Dental assistants are available in the clinic at a ratio of 1 assistant per 2 students. Competence professional performance level is assessed through faculty observation, OSCE, and self-assessment.

D4 YEAR

Senior Year Pediatric Dentistry Rotation

The purpose of this rotation (please see schedule below) is to provide D4 students with clinical experiences and instruction, while seeing patients at the DSB and Muscatine Pediatric Dentistry Clinic, which will enable them to achieve competency in providing dental care to all but the most challenging pediatric patient. Another purpose of this rotation is to provide D4 students with "hands-on" experience examining infants and toddlers in a community based setting. D4 students are assigned to serve in the Pediatric Dentistry Department for approximately 5-6 days each during the academic year. During clinic downtime, students also have the opportunity to gain hands-on experience working on esthetic anterior restorations and other hands on procedures. D4 students are not be enrolled in any specific Pediatric Dentistry course. Performance in the Pediatric Dentistry Department during the D4 year is considered part of the Family Dentistry courses FAMD 8487 "Clinical Experiences -- Comprehensive Care" and FAMD 8488 "Clinical Competencies -- Comprehensive Care". Faculty from the Pediatric Dentistry Department provide input to the D4 student's Family Dentistry Group Leader, and performance in our department is then reflected in the grade for the course FAMD 8488. All students are evaluated clinically in the DSB clinic and receive an attendance evaluation for all other clinics. The D-3 evaluation form is used to provide the Family Dentistry faculty with input on the students' rotation experience while at the DSB Clinic. Other information provided to the Family Dentistry faculty include the number of patients that are seen, as well as the number of case studies that are completed while in the DSB clinic.

WEEKLY SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	9:00 to 12:00 Patient Care at DSB	7:40 to 5:00	9:00 to 12:00 Patient Care at DSB	9:15 to 4:00	FAMD
PM	1:00 to 5:00 Patient Care at DSB	Muscatine Pediatric Dentistry Clinic*	1:00 to 5:00 Patient Care at DSB	Infant Oral Health Program at the Johnson County WIC Clinic*	

*When students go to Muscatine they should not attend lectures scheduled at 8:00am. All other experiences, patient are at the DSB and WIC, students should go to lectures at 8:00am.

VI. Describe how vertical integration across D1 through D4 courses, including with other departments and/or learning activities. Note current achievements and highlight areas, topics, or disciplines that need further improvement.

Because the scope of pediatric dentistry practice includes general dentistry for children from birth to 18 years of age, aspects of all dental specialties are utilized in the treatment of children. Therefore, interprofessional educational collaborations occur at both didactic and clinical levels between our department and all other COD departments. Please see PowerPoint presentation in Appendix II regarding information on interprofessional education collaborations for the pre- and postdoctoral students both at the didactic and clinical levels.

With the ultimate goal to graduate competent general dentists who are confident and skilled to provide routine preventive, restorative and emergency dental care for pediatric patients, our department has made several curricular modifications in the past years. With the vertical integration in mind, we improved our pediatric dentistry didactic curriculum in 2016 based on (1) two consecutive faculty retreats dedicated to review our courses, concepts and lectures taught; (2) feedback from students; and (3) the content of courses from other departments through the curriculum mapping system. The new curriculum was improved by avoiding repetition of concepts from one year to another within our departmental courses, as well as from courses of other departments. Some pediatric dentistry topics taught at the D2, D3 and D4 years were either introduced or modified with the purpose to gradually expose students from the simplest to the most complex concepts and skills from one year to another. One major clinical curriculum modification was the establishment of the “Senior Year Pediatric Dentistry Rotation” in 2014. This rotation was much needed since the pediatric dentistry experience during the senior year was very limited. Because senior students work faster and can see more challenging patients when compared to the junior students, this rotation has helped decrease the waiting time for some patients that were previously seen only by the pediatric dentistry residents. The feedback from the senior students regarding this rotation is quite positive. Faculty and staff can appreciate the growth from year to another and report on how much more confident and skilled the students are seeing children when they return to pediatric dentistry in the 4th year. Pediatric dentistry may be one the few departments in the COD that can assess overall competency attainment during the D4 year in the context of comprehensive care. Please see Appendix III for information on vertical curriculum integration within pediatric dentistry and with other departments both didactic and clinically for years D1, D2, D3, and D4.

VII. Describe efforts in faculty development to calibrate teaching styles, techniques, outcomes assessment methods and a unified grade scale.

Our department strives to maintain consistency and uniformity in our teaching styles, especially in the clinical setting. We have annual retreats, often including the adjunct faculty, to review and update our policies and grading techniques. We have implemented faculty grading calibration exercises for both our full-time and adjunct faculty. We provide newsletters informing all adjunct faculty of current policies and updates. We also have faculty meetings twice a month where curriculum and clinical policies are reviewed and discussed among our full-time faculty members. We have yearly retreats to review our courses, concepts and lectures taught.

******For lectures given by individuals outside our department (i.e., pharmacy), we have created case studies with the input from these areas to help cement concepts with students that we do not teach every day.

VIII. What major issues face the department that may require change(s) to the predoctoral curriculum?

Due to an increase in undergraduate class size, an increase in resident class size, the implemented senior year rotation, and a shortage of dental assistants, our recent operative clinical experiences for our D3 students has declined. This has been balanced by the fact that our D3 patient examination experiences have increased, as well as the fact that in their 4th year students will return to pediatrics with better clinical skills and confidence, and consequently able to see patients with more operative needs and challenging behaviors. The lack of operative experiences may resolve itself as more dental assistants are hired since the demand for patient care has increased substantially in the last years. In the interim, students are now providing some minor operative procedures without the utilization of a dental assistant in situations where such procedure can be completed in a safe and effective manner. Residents and D3 students have been paired-up two half-days a week to work together in what we call the “referral chair”. The referral chair was created to help with the clinic flow, but also to give D3 students the opportunity to learn how to adequately screen patients referred to our clinic, develop treatment plans, decide the best route of dental care for the patient and understand the protocol involved when patients receive care in the traditional office setting, under conscious oral sedation, under IV sedation, or under general anesthesia. In some occasions, D3 students assist in emergency treatment when the patient scheduled in the referral chair present with emergency dental needs. Additionally, we are currently contemplating to have pediatric dental residents provide more clinical floor supervision of D3 students, which would free up more operative patients and assistants to work with the D3 students.

IX. Describe curriculum changes that are a result from student feedback.

Each year, feedback is requested from all students involved in our didactic and clinical courses, and changes are made as deemed appropriate.

Some of the changes implemented in the D2 course include better Faculty:Student ratio in simulation clinic, lecture content adjustments minimizing redundancy with other courses, and changes in examination format.

In the D3 year, examinations have been consolidated which have reduced the overall number of exams for the students. This was in direct response to student feedback. Additionally, a practice session is now given and reviewed prior to one the P.A.S.S.’s. This has proven to be extremely beneficial to the students. Examinations are spread out and not “stacked” as they were before. Grading has changed to the collegiate grading scale from grading on a curve. Students now have access on-line to the teaching modules that are presented in the clinical sessions. Students work with residents in the referral clinic to gain an appreciation for advanced behavior guidance techniques and how they are used in the pediatric dental practice. Providing guidelines for documentation of notes in the clinic.

In the D4 pediatric dentistry rotation, we removed the orthodontic observation due to the fact that D4 students did not find it beneficial to only watch one patient on one day, we have increased the number of practical case studies to provide clinically relevant experiences for the general dentist, we have changed the observation of patients with special health care needs and extreme behavior guidance challenges from the D4 clinical experience to the D3 clinical experience. We have also tried

to increase the number of patients that students were seeing due to concerns from the students about their limited number of patients. In the DSB clinic, we have shortened the appointment times and increased the number of patients. In Muscatine Pediatric Dentistry Clinic, we have increased the number of patients scheduled to help account for possible no-shows in the schedule.

X. Is the scope of the discipline-specific treatment procedures taught appropriate for a new graduate, general dentist? Include references for inclusion/modification/deletion relative to the current state of private practice, i.e. insurance data, etc.

We strive that every student gets the opportunity to do a stainless steel crown in their D3 clerkship experience, however this is not always the reality. Not all students get the opportunity to do a pulpotomy or space maintainer in their educational experience. These are experiences that are missing when the general dentist is in private practice.

XI. Include comments to indicate department efforts toward a prospective analysis of the predoctoral curriculum and list other changes under consideration that may require collegiate support.

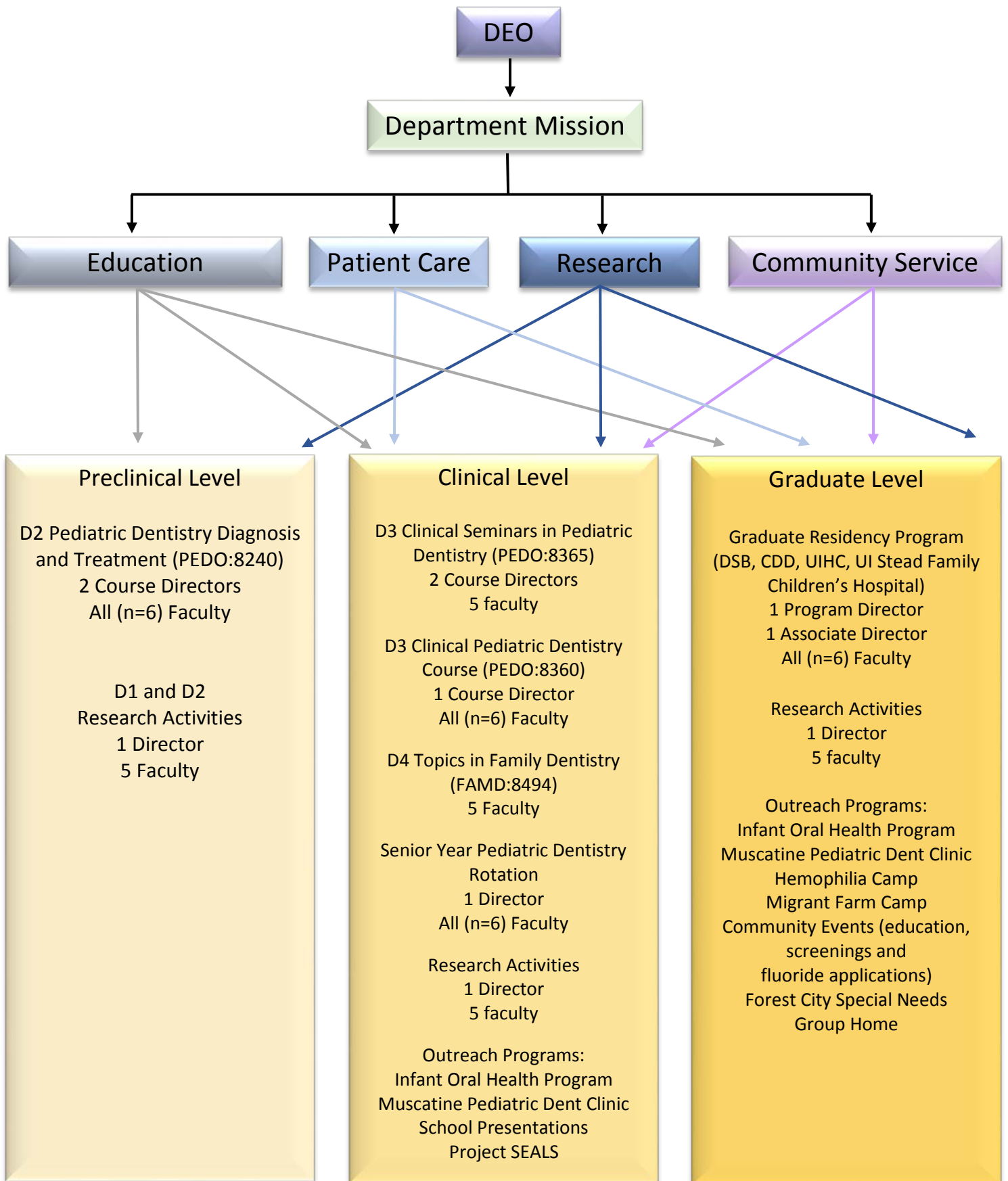
Major revisions are currently being made to a new edition of the pediatric dental textbook that supports the curriculum in both the D2, D3 and D4 years. Currently, reading assignments are available as a resource for students. The department will be reviewing the content of the new edition to assure that reading assignments are aligned with what we are teaching as well as our teaching is aligned with evidence based philosophies as they are presented in the textbook. Changes will be made where needed. Making a textbook a student requirement needs collegiate support.

XII. What resources directly related to curriculum management would facilitate your ability to fulfill the teaching mission? (Time, space, faculty development, course support, etc.)

Because on a given day we may have 10 D3 students, 2 D4 students and, on average, 3 pediatric dentistry resident working in the clinic at the same time, we are in need of more dental assistants to work with the students during the operative procedures. In addition, on certain days, 2 faculty members supervising the clinic are not enough to keep the clinic running smoothly. If we hire more dental assistants, students can see more patients with restorative needs, and our patient care is also improved. Ideally, it would be great if students could follow the growth and development of pediatric patients, as well as do every procedure we teach such as, but not limited to, extractions, pulp therapies, stainless steel crowns, back-to-back restorations in primary teeth, nitrous oxide, and emergency care.

Appendix I

Departmental Organizational Structure



APPENDIX II



Interprofessional Education Collaborations

Department of
Pediatric Dentistry



Because the scope of pediatric dentistry practice includes general dentistry for children from birth to 18 years of age, aspects of all dental specialties are utilized in the treatment of children:

- Endodontics
- Family Dentistry
- Operative Dentistry
- Oral & Maxillofacial Surgery
- Oral Pathology, Radiology, & Medicine
- Orthodontics
- Preventive and Community Dentistry
- Periodontics
- Prosthodontics

COLLABORATIONS AT THE UNDERGRADUATE LEVEL

Didactic Collaborations

D1 Experiential Learning DENT:8118

- All PEDO faculty have participated throughout the years

D1 Preventive Dentistry Assessment and Patient care PCD:8817

- Dr. Mabry and Ms. Skotowski (PEDO) – Simulation Clinic: sealant placement

D2 Pediatric Dentistry Diagnosis and Treatment PEDO:8240

- Dr. Baker (OPRM) – Lecture: Pediatric Pharmacology
- Dr. Marshall (PCD) – Lecture: Clinical Examination of the Pediatric Patient

Didactic Collaborations

D2 Growth & Development ORTHO:8215

- Dr. Geneser (PEDO) – Lecture: Tooth Development
- Dr. Weber-Gasparoni (PEDO) – Lecture: Non-Nutritive Sucking

D3 Clinical Seminars in Pediatric Dentistry PEDO:8365

- Dr. Marek (OPRM) – Seminar: Pediatric Prescription Writing
- Dr. Marshall (PCD) – Case presentations

Didactic Collaborations



Dental Student Research Honors Program DENT:8500

- Drs. Geneser, Owais & Weber-Gasparoni (PEDO)

Moral and Ethical Dilemmas Course DENT

- Dr. Mabry (PEDO)

Didactic Collaborations

D4 Topics in Family Dentistry FAMD:8494

- Gilbaugh (PEDO): Caring for Children with Special Health Care Needs
- Kanellis (PEDO): Considering the Extraction of First Permanent Molars
- Kanellis (PEDO): Hall Crown Technique and Silver Products
- Leary (PEDO): Practice opportunities and Pediatric Dentistry
- Mabry (PEDO): Child Abuse and Neglect
- Owais (PEDO): SDF and Biorepository
- Weber-Gasparoni (PEDO): Review of Traumatic Injuries for the Primary and Permanent Dentition

Clinical Collaborations

ORTHO D3 Clinical Pediatric Dentistry Course PEDO:8360

- Faculty and Adjuncts (ORTHO) – Ortho Screenings

06/11/17	Dr. McCall - Title	Dr. Giffen	Dr. Cohen	Lee Whitham 06/11/17
Review of ortho consult. What associated issues might a Dentist with pediatric screening involve?				
Stage of development: Late mixed				
Angle's classification: Class I (Dx I)				
Change: 1 Year: Overbite: 85%				
Congenitally missing teeth or other anomalies?				
Archlength discrepancy				
Crowding				
Upper Arch: " Lower Arch: "				
Esthetic evaluation of teeth: "				
Spacing				
Upper Arch: Moderate (Bleed) Lower Arch: "				
Functional ortho: No Comments: "				
If Yes: " "				
Conclusion: 1-2				
Habit: Noxious mouth breathing				
Head/Neck posture management: Lower Lingual Holding Arch Comments: missing LP second decid molar				
Salivary screen: "				
Treatment Recommendations: Tooth photograph to evaluate decision. Extraction of 406-71 due to eruptive eruption. Fabrication of active custom mouthguard to be worn consistently to upright maxillary incisors. (The OHS THE MOCAL, absence should be closed on model and the linguals of maxillary incisors removed with composite to allow room for uplighting. A breath device to be used in the hands of the model to allow lingual force on the maxillary incisors.)				
Faculty: Cohen, Dr.				

Clinical Collaborations

FAMD D4 Pediatric Dentistry Rotation



Muscatine Pediatric
Dentistry Clinic



Pediatric Dentistry
Clinic at DSB



Infant Oral Health Program
at WIC Clinic

Clinical Collaborations

D3 Clinical Pediatric Dentistry PEDO:8360

PROJECT SEALS PEDO, PCD and OPER DENT

- Each block, students, faculty and staff travel to Waukon & Postville schools in Allamakee County:
 - Exams, sealants, and referrals

Didactic Collaborations

Seminars

- Dr. Geneser (PEDO):
 - Seminar for ENDO and PERIO residents – Behavior management/nitrous oxide/sedation
 - Seminar for GPR and ORTHO residents – NAM
- Dr. Owais (PEDO):
 - Seminar to OPER DENT residents – Silver products and medical management of caries
- Dr. Weber-Gasparoni (PEDO):
 - Seminar to DENT PUBLIC HEALTH students – Psychological Theories of Motivation

**COLLABORATIONS AT THE
GRADUATE LEVEL**

Didactic Collaborations

- Public Health Issues in Pediatric Dentistry
Course PEDO:5220
- PEDO grad course offered to DPH students
- "PENDO"
- Co-joint seminar for Pedo and Endo residents – every other year



- PEDO grad course offered to DPH students

- Co-joint seminar for Pedo and Endo residents – every other year



Didactic Collaborations

Pediatric Dentistry Grand Rounds Invited Speakers

- Dr. S Allareddy (ORTHO): CLP I and CLP II
- Dr. T Allareddy (OPRM): Pediatric Radiology
- Dr. Caplan (PCD): Epidemiology
- Dr. Hellstein (OPRM): Infant Oral Pathology
- Dr. Momany (PCD): Hospital Organizational Structure
- Dr. Williamson (ENDO): Endo Considerations for Immature Teeth

- Dr. S Allareddy (ORTHO): CLP I and CLP II

- Dr. T Allareddy (OPRM): Pediatric Radiology

- Dr. Caplan (PCD): Epidemiology

- Dr. Hellstein (OPRM): Infant Oral Pathology

- Dr. Momany (PCD): Hospital Organizational Structure

- Dr. Williamson (ENDO): Endo Considerations for Immature Teeth

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Podiatric Dentistry Faculty and Staff Retreat
August 22nd, 2014

Brown Deer Golf Club
2000 Country Club Dr., Conestoga

Phone: 319.262.8100

Residence Program

Dr. John G. Grier

- *Dr. Kevin Fisher-Gibson*

- O1 leaving molecule
 - *Dr. End Maltby*
- O1 from group
 - *Dr. End Maltby*

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- Orthodontic consultation prior

- *Assess issues*
- *Student evaluation (N, M and S)*
- *Change in class instruments*

LUNCH

Guest Faculty, and Residents
Coordinated services: Pediatric Dentist
: Operative Dentistry Residents

Operative Dentistry Faculty

Open Distance

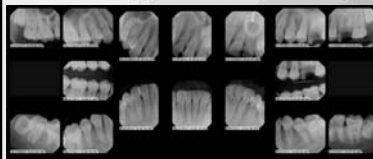
Clinical Collaborations

ORAL AND MAXILLOFACIAL SURGERY

Operating Room and Emergency Dept



Operating Room and Emergency Dept



Clinical Collaborations

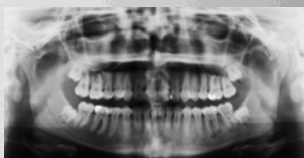
ENDODONTICS

DSB and Operating Room



The image displays three dental radiographs. The central image is a panoramic view showing the full dental arch. To the left is a periapical radiograph of a tooth with a root canal filling. To the right is another periapical radiograph of a tooth with a root canal filling.

DSB and Operating Room



Clinical Collaborations

OPERATIVE DENTISTRY
DSB



DSB



Clinical Collaborations

ORAL PATHOLOGY, RADIOLOGY & MEDICINE

DSB, UIHC Consults, and Operating Room



Clinical Collaborations

ORTHODONTICS

Pedo/Ortho Clinic – Pediatric residents provide preventive and interceptive orthodontic treatment in Ortho every Monday

Cleft Lip and Palate Team – PEDO residents staff the CLP clinic every Monday along with Dr. Allareddy/Dr. Moreno



Clinical Collaborations

PERIODONTICS

PROSTHODONTICS



Thank you!



Appendix III

Didactic and Clinical Horizontal and Vertical Integration Within Pediatric Dentistry and Across Disciplines

Didactic Education

Clinical Education

