

PROSTHODONTICS

Orientation Schedule 4 year
September 6 2006

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What do you love and hate about prosthodontics?



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Everything I love with prosthodontics	Everything I hate with prosthodontics
A few demonstrators are very good	Impression demonstrations and usage differ amongst demonstrators.
Demonstrators in the IPU are good when one to one situation, otherwise less value	Repetition of teaching material
The patient stream is adequate (*but very inflexible – see 14)	Not enough exposure to clinical work with implants
The choice of dental materials and -techniques is perceived as up-to-date	Too much lab work – Waxing teeth. (requirement 1 denture + 1 RPD)(+2 nd . Yr)
Randa!!!	Too much expectations (with not enough experience) from students
	Poor knowledge of teaching theories
	Poor grading (inconsistent and biased)
	inconsistencies between demonstrators and teachers and teaching styles
	overwhelming amount of RPD theory and in clinic could better be allocated to lecture on acrylics and full dentures etc. –
	There is not enough teaching time on immediates (and acrylic dentures)
	Also not enough time on denture relines -
	IPU – need for better guidance from both demonstrators and assts.
	Complexity of RPD patients is in many cases beyond the capabilities of the student
	The distribution of patients skewed
	uncertain who to address when needed for immediate information (outside normal workhours)
	period between lab teaching and practical application too long for some procedures
	identical implant theory is repeated in lectures given by different disciplines
	some demonstrators have a tendency to take over rather than guide pt. care

Everything I love with prosthodontics

1. A few demonstrators are very good
2. Demonstrators in the IPU are good when one to one situation, otherwise less value
3. The patient stream is adequate (*but very inflexible – see 14)
4. The choice of dental materials and -techniques is perceived as up-to-date
5. Randa!!!

Everything I hate with prosthodontics

1. Impression demonstrations and usage differ amongst demonstrators.

Solution: Present Flow charts on the Sharepoint and elsewhere

2. Repetition of teaching material

Solution :better coordination of learning objectives

3. Not enough exposure to clinical work with implants

Solution: staffing coming fall will hopefully improve the situation

4. Too much lab work – Waxing teeth. (requirement 1 denture + 1 RPD)(+2nd. Yr)

Solution:to be discussed by discipline staff

5. Too much expectations (with not enough experience) from students

Solution: - run a quick repetition course after summer breaks-

6. Poor knowledge of teaching theories

Solution:to be discussed by discipline staff

7. Poor grading (inconsistent and biased)

Solution: define criteria, need for transparency

6. Poor knowledge of teaching theories

Solution: to be discussed by discipline staff

7. Poor grading (inconsistent and biased)

Solution: define criteria, need for transparency

8. inconsistencies between demonstrators and teachers and teaching styles

Solution: to be discussed by discipline staff

9. overwhelming amount of RPD theory and in clinic could better be allocated to lecture on acrylics and full dentures etc. –

Solution: to be discussed by discipline staff

10. There is not enough teaching time on immediates (and acrylic dentures)

Solution: need more than 1/2 hours

11. Also not enough time on denture relines -

Solution: need more than 1/2 hours

12. IPU – need for better guidance from both demonstrators and assts.

Solution: staffing coming fall will hopefully improve the situation:

13. Complexity of RPD patients is in many cases beyond the capabilities of the student

Solution: to be discussed by discipline staff

14. The distribution of patients skewed

Solution: students should be allowed to transfer patients earlier in the study

15. uncertain who to address when need for immediate information (outside normal workhours)

Solution: to be discussed by discipline staff

16. period between lab teaching and practical application too long for some procedures

Solution: to be discussed by discipline staff

17. identical implant theory is repeated in lectures given by different disciplines

Solution: undersigned will consult with other depts..

18. some demonstrators have a tendency to take over rather than guide pt. care

Solution: to be discussed by discipline staff

Everything I love with prosthodontics

1. A few demonstrators are very good
2. Demonstrators in the IPU are good when one to one situation, otherwise less value
3. The patient stream is adequate (*but very inflexible – see 14)
4. The choice of dental materials and - techniques is perceived as up-to-date
5. Randa!!!

Everything I hate with prosthodontics – clinic

3. Not enough exposure to clinical work with implants

3 Solution: staffing coming fall will hopefully improve the situation

4. Too much lab work – Waxing teeth. (requirement 1 denture + 1 RPD)(+2nd. Yr)

4 Solution: to be discussed by discipline staff

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16. period between lab teaching and practical application too long for some procedures

16 Solution: to be discussed by discipline staff

Everything I hate with prosthodontics - Demonstrators

1. Impression demonstrations and usage differ amongst demonstrators.

1 Solution: Present Flow charts on the Sharepoint and elsewhere

6. Poor knowledge of teaching theories

6 Solution: to be discussed by discipline staff

7. Poor grading (inconsistent and biased)

7 Solution: define criteria, need for transparency

8. Inconsistencies between demonstrators and teachers and teaching styles

8 Solution: to be discussed by discipline staff

12. IPU – need for better guidance from both demonstrators and assts.

12 Solution: staffing coming fall will hopefully improve the situation

18. some demonstrators have a tendency to take over rather than guide pt. care

18 Solution: to be discussed by discipline staff

Everything I hate with prosthodontics – didactic

2. Repetition of teaching material

2 Solution :better coordination of learning objectives

9. overwhelming amount of RPD theory and in clinic could better be allocated to lecture on acrylics and full dentures etc. –

9 Solution: to be discussed by discipline staff

10. There is not enough teaching time on immediates (and acrylic dentures)

10 Solution: need more than 1/2 hours

11. Also not enough time on denture relines -

11 Solution: need more than 1/2 hours

17. Identical implant theory is repeated in lectures given by different disciplines

17 Solution: undersigned will consult with other depts..

1. Impression demonstrations and usage differ amongst demonstrators.

Solution: Present Flow charts on the Sharepoint and elsewhere































Status:

- *Blackboard*
- *Regular seminars for demonstrators*

- Announcements
- Staff Information
- Course
- Objectives
- Lecture Schedule
- Communication
- Discussion Board
- External Links
- Tools
- Master Media Repository

- Tools
- Communication
- Course Tools
- Course Map
- Control Panel
- Refresh
- Detail View

Prosthodontics 477 Course Schedule

#	Date	Topic	Instructor	Manual	View Lecture Online	Additional Material	Print Handout	Learning Objectives
1	Thursday Sep 14	The concept of risk factors and of prognostic factors in treatment planning, choice of interventions and prognosis	Dr Asbjorn Jokstad					
2	Thursday Sept 21	Evidence-based prosthodontics – principles, and need for implementation in practice	Dr Jim Anderson					
3	Thursday Sept 28	Treatment outcomes in prosthodontics and importance of oral hygiene compliance and good control routines	Dr Asbjorn Jokstad					
4	Thursday Oct 5	The dental technician – support and possibilities, and need for correct communication	LHM Lab. & Terri Jancen					
5	Thursday Oct 12	The patient with need for prosthodontic therapy– considerations for treatment planning, choice of interventions and prognosis	Dr Jim Anderson					
6	Thursday Oct 19	The adult patient with age and medical condition concerns - considerations for treatment planning, choice of interventions	Dr Aaron Fenton					

2. Repetition of teaching material

Solution: better coordination of learning objectives

Status:

- *Currently working on organizing some 700 learning objectives to add to Blackboard*
- *All lectures will contain learning objectives*
- *Hyperlinks between website and individual lectures*
- *New textbook*

Rosenstiel SF, Land MF, Fujimoto J, 4th ed., 2006

Contemporary Fixed Prosthodontics

Publisher: [Elsevier Mosby](#)

Isbn: **0-3230-2874-8**

Replaces:

2000: 3rd ed. Isbn: 0-8151-5559-X

1994: 2nd ed. Isbn: 0-8016-6528-0

29x23 cm

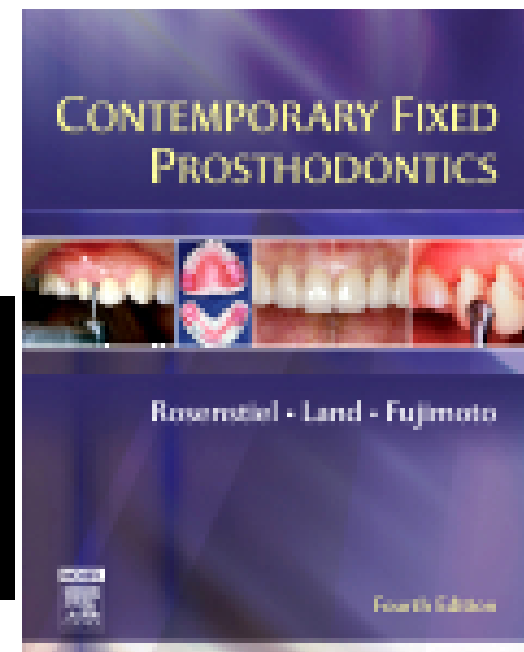
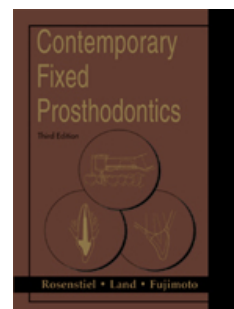
pp 1152

score (1-5):

Illustrations: 5

References age: 5

References science:5



3. Not enough exposure to clinical work with implants

Solution: staffing coming fall will hopefully improve the situation

Status:

- *Preclinical teaching 2nd + 3rd year*
- *Prosthodontic specialty instructors together with periodontology*
- *Replace Select inventory in clinic 1&2*
- *Full surgery staffed IPU to meet demand*
- *Implant Prosthodontic Manual*

4. Too much lab work – Waxing teeth. (*requirement 1 denture + 1 RPD*)(+2nd. Yr)

Solution: to be discussed by discipline staff

Status:

- *Still under consideration*

5. Too much expectations (with not enough experience) from students

Solution: - run a quick repetition course after summer breaks-

Status:

- *Regular seminars for demonstrators*
- *Suggestions for practical avenue?*

6. Poor knowledge of teaching theories

Solution: to be discussed by discipline staff

Status:

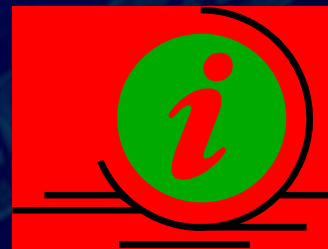
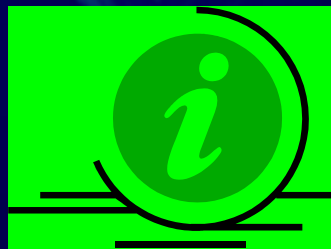
- *Regular seminars for demonstrators*

7. Poor grading (inconsistent and biased)

Solution: define criteria, need for transparency

Status:

- *Printed criteria*
- *Regular seminars for demonstrators*



8. inconsistencies between demonstrators and teachers and teaching styles

Solution: to be discussed by discipline staff

Status:

- *4 new prosthodontic specialists*
- *Discipline head prioritizes 4th year students*
- *Regular seminars for demonstrators*
- *Quality assurance standard – minimize treatment plan modifications*

9. overwhelming amount of RPD theory and in clinic could better be allocated to lecture on acrylics and full dentures etc. –

Solution: to be discussed by discipline staff

Status:

- *New lecture series for 4th year changed radically*
- *To be supplemented with complex case illustrations on blackboard*
- *Blackboard*

10. There is not enough teaching time on immediates (and acrylic dentures)

Solution: need more than 1/2 hours

Status:

- *Blackboard*
- *New guidelines in CCP manual*

11. Also not enough time on denture relines -

Solution: need more than 1/2 hours

Status:

■ *Blackboard*

12. IPU – need for better guidance from both demonstrators and assts.

Solution: staffing coming fall will hopefully improve the situation:

Status:

- *All prosthodontic specialty instructors are experienced with implant prosthetics. → No need to involved IPU for most cases*
- *Implant care to be planned and monitored in clinics*

13. Complexity of RPD patients is in many cases beyond the capabilities of the student

Solution: to be discussed by discipline staff

Status:

- *More competent specialty instructors*
- *Discipline head prioritize 4th year*
- *Regular seminars for demonstrators*
- *Quality assurance standard – minimize treatment plan modifications*

14. The distribution of patients skewed

Solution: students should be allowed to transfer patients earlier in the study

Status:

- *Refer to CCP manual page 8 & 9 section "Patient transfer and referrals"*

15. uncertain who to address when need for immediate information (outside normal workhours)

Solution: to be discussed by discipline staff

Status:

- *Email to discipline staff*

16. period between lab teaching and practical application too long for some procedures

Solution: to be discussed by discipline staff

Status:

- *Both the preclinical course in 2nd year and 3rd year have been radically changed.*
- *2nd year implemented in 2006*
- *3rd year implemented in 2007 – parallel to patient introduced early fall term*

17. identical implant theory is repeated in lectures given by different disciplines

Solution: undersigned will consult with other depts..

Status:

- *Repeat information will eventually appear on Blackboard. Please make relevant discipline heads and/or course directors aware of repetitive matter*

18. some demonstrators have a tendency to take over rather than guide pt. care

Solution: to be discussed by discipline staff

Status:

- *More competent specialty instructors*
- *Discipline head prioritize 4th year*
- *Regular seminars for demonstrators*
- *Quality assurance standard – minimize treatment plan modifications*