DOCTOR OF PHILOSOPHY

Clinical Competency in Oral Surgery
History, Challenges and Solutions

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CHAPTER 6

Dento-Alveolar Surgery Teaching & Assessment.

6.0 How Dundee does it.

Dundee Dental School (DUDS) has eight members of P/T and F/T staff in the oral surgery department. The number of staff varies considerably with each Dental School. (Table 6.0) Some schools seem to have a very large number of staff (Table 6.1) in the oral surgery department compared with DUDS. Although the raw figures may not necessarily be extrapolated directly to high staff: student ratios there appears to be a greater opportunity for this to be so. With a high staff student ratio there would be more opportunity to give individual teaching when there are clinical opportunities to teach surgical dentistry on real patients.

The GDC [1] asks that students upon qualification, in relationship to dento-alveolar surgery, be able to carry out simple surgery, as does Association of Dental Education in Europe (ADEE). [9] Surgical ability has also been addressed by ABAOMS [58] and they too, have formulated a series of competencies. UK schools can have a much more extended surgical dentistry teaching across the years when compared with DUDS. Dundee has a three-session surgical dentistry course culminating in an OSCE examination in a fourth session. This has changed in its placing in the curriculum timetable over the years. One of the reasons being that students had complained that there are too many demands in the 3rd year and requested that the course be placed into the 4th year. The overall timetabling is not within the curtilage of oral surgery when later this was changed again the students had six weeks post examination in the 3rd year. They were not enthusiastic on the

exodontia clinics at this time for the clinical data had been collected and collated, degree examinations were over and holidays beckoned. To ease the workload for the 4th year, the surgical dentistry course was changed to this 'slack water' time 3rd year slot and this seemed to be well accepted. They had the 4th year to practice these skills before being faced with their own 'guided' patients in the 5th year.

There were twelve minor oral surgery theatre sessions per week. Throughout this final year students were timetabled into these and they worked, supervised, in pairs in the dental school and in outreach. Two general anaesthetic theatre sessions had two students time tabled to each at the main teaching hospital. Between the years 2009 – 2012 the students in outreach typically had some seventy patient episodes with oral surgery procedures representing 5%, which is three cases each on average.

It is difficult to compare this with other dental schools – the subject teaching does not have the same format and time allocation. (Table 6.1) Some schools do not formally assess the surgical skills but the suturing and muco-periosteal flap cutting is assessed, with OSCEs, in Dundee. They are taught initially on table-top models to acquire the mechanical suturing skill but within the three tutorial series they then practice the skill and flap cutting on the silicon mucosa in the mannequin. These assessments are at the end of the surgical dentistry course and as a class OSCE in the 4th year when they should be competent to cut flaps and suture. Competency to complete the intra-operative procedures being attained in the MOS sessions in the final year.