EDITORIAL

Rescuing Success from the Jaws of Defeat

I am currently back doing what I love the most about my academic career—teaching predoctoral students the fundamentals of prosthodontics (yes, fixed, removable, AND implant prosthodontics). Our semester reconvened August 23, and we're clearly back to, as a colleague puts it, "rescuing success from the jaws of defeat" (or is it the other way around?).

What I am absolutely amazed at is the level of difficulty that our current predoctoral dental patients are presenting with to the School of Dentistry. Several of my colleagues have recently noticed the same trend. "Back in the day" when we were budding predoctoral students (I'm speaking WAY back in the late 1970s), our patients were very carefully hand selected for us, and provided us with all the dental conditions we needed to satisfy our clinical requirements. We never saw the Class IV periodontal patient, or any of the current ACP Prosthodontic Diagnostic Index (PDI) Class III or IV patients. That is definitely NOT the case in today's patient pool. What happened to the conventional patient with routine operative and fixed prosthodontics needs (a few direct restorations and perhaps a crown or two)?

I have seen no fewer than a dozen patients in the last two weeks who clearly are PDI Class III or IV patients—patients with severely disrupted occlusal planes, 50% or more tooth wear (into dentin) with resultant loss of occlusal vertical dimension, malposed teeth that would make an Orthodontic resident cringe, large exostoses that preclude many removable solutions. A patient last week had had her teeth extracted in June for conventional denture fabrication. When we referred her for extractions (our then-sophomore student had not had the course on exodontia taught by our Department of Oral and Maxillofacial Surgery), we requested that the Senior Student (or OMFS resident) also remove the 8 mm $\times$ 8 mm bilateral mandibular tori. When the predoctoral student saw the patient last week to take preliminary impressions for custom tray fabrication for the dentures, the bilateral tori were still there, and the patient said she told the student/resident doing the extractions NOT to remove them (for financial reasons). The patient's caregiver insists that we try to construct dentures for her without additional surgery, and even if they break (or she cannot wear them at all), he says he understands and it's OK. WOW!

Another student was doing a treatment planning session with a patient with one of the worst occlusal schemes I believe I've ever seen—it's clearly a Graduate Prosthodontic level patient (PDI Class IV). My question is, who the heck is doing the screening of these patients for the Junior clinics, and are they even looking at their teeth AT ALL? Sure, I understand, poor economic times drive people to seek health care at lower cost centers, like medical and dental schools; however, I know there are nearly 200 patients waiting to be assigned to predoctoral dental students here at UNC, because one of my Dental Faculty Practice patients is one of those hopeful patients on the waiting list—it took her 3 months to get a screening appointment, and she's now 180th on the list to be assigned. This young lady has approximately 11 teeth with primary carious lesions, and I've restored (with core foundations) the 4 to 5 worst ones (to prevent pulpal involvement). She would be a STELLAR State Board patient (she has lots of lesions, is a great patient, can come at any time, but with limited finances), but she cannot get assigned in our archaic system in lieu of the myriad of patients with prosthodontic needs so far beyond the capabilities of our predoctoral students that their only chance is to be referred to the Grad Pros clinic.

Yes, I get it—having the pre-doc students do the initial work up of these patients, including radiographs, articulated diagnostic casts, and having the discussion of treatment options with the patients is a learning experience for them, and gives them the opportunity to learn WHEN to refer to a specialist for treatment that is beyond their expertise. However, at the end of the day, we STILL have to have enough patients with simple-to-moderate dental needs to meet the clinical requirements of the students. Several third year students have completed the case analysis of up to four patients, only to have to refer them to Graduate Prosthodontics for treatment. While this is great for our Grad Pros clinic (there's a lengthy waiting list there also), I hope we're not having the discussion in May of 2012 about what to do for these students when they have not completed their clinical requirements for graduation. The PDI appears to be a very valuable tool for identifying patients with complex dental needs, and for making referrals based on this complexity. However, if those faculty in the patient screening clinics don't know how to use it, we (the prosthodontics faculty AND our pre-doctoral students) will continue to suffer the consequences.

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