Standardized Patient Selection Criteria to Introduce the Clinical Skills of Implant Placement in a General Practice Residency Program
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William J. Stewart DDS MPH
Chief of General Dentistry
Program Director-General Practice Residency
North Shore Long Island Jewish Health System
Ornithologists report that New Caledonian crows fashion twigs into tools for collecting and extracting insects from the hollows of trees. What is more remarkable is that these birds pass their inventions along to others in the flock. With each succeeding migration and generation, improvements are made and progress becomes discernible. Even in the animal kingdom, the ability to search and reapply know-how is a key attribute that moves a species from survival to prosperity.

Just as the guru tutors the novitiate so does the goldsmith his apprentice. The same is true for officers and engineers and in all fields where the mastery of craft is a matter of certification. The greater enlightens the lesser. The maxim is “See One, Do One, Teach One” or as the sensei might say “SODOTO.”

- **See One**: At this stage real data emerges through observation and sense making (Emerge)
- **Do One**: At this stage ideas converge with actions, and direct feedback from experience and supervision alerts us to what is working and what isn’t (Converge)
- **Teach One**: At this stage our knowledge and experiences allow us to expand our conception of the practice and formulate new ideas and ways of doing things that can be codified and taught (Diverge)

For example, a medical student may be brilliant but typically possesses no direct experience when treating a patient. So after two years of intensive study, they are assigned to shadow a physician on their daily rounds. Assuming the physician and the student’s professors deem them to be competent and able, they are advanced to the level of physician. Here they will spend the next two to five years in residency working appalling hours while plying their trade beneath critical eyes. From this point on the road narrows as some will advance to attending physician or department head where they will have responsibilities in the training of residents and medical students. The development path to becoming a doctor is a circle of intellectual rubrics and combat education.

Sociologists call this sequence of organizational behavior “diffusion” because it suggests that ideas disperse throughout creative communities. Despite our most populist longings, brilliant scientists and talented artisans display an annoying tendency to produce the same in their understudies. The University of Chicago Nobel Laureates in Economics and the Juilliard School of Music are cases in point. It appears that we do indeed become the company we keep.

The road to developing competence starts with distinctions of expertise. All dynastic organizations communicate and advance the “institutional memory” of that group for without it they would cease to function as such. This is why we instruct our youth in our...
Must be a Better Way
Teaching Clinical Skills in Medical Environment

Supervised clinical experience
• Student-teacher interaction
• Feedback
• Demonstration
• Integration of knowledge
• Student autonomy
• Self Assessment

-Orsmond, Feil, Falchikov, Jarvis, Schmidt, Mackenzie
Basic Clinical Skill Set

1. Flap

2. Osteotomy

3. Suture
The Standardize Patient
Site Factors
“The Slam Dunk Case”

Single tooth replacement
Adequate attached tissue
Tooth bound
Normal spacing
Healed edentulous site
Open wide
Width – 6mm
Height
– at least 12 mm from nerve
– at least 10mm of bone height from sinus
– NO CT
“The Slam Dunk Case”

Upper first and second premolars

Lower first molars
Patient factors
Why the slam dunk
Patient safety
Basic Clinical Skill

1. Flap

2. Osteotomy

3. Suture
Lisa Perrotta, Chief Resident 2005-2007
August 29, 2005, First implant
June 30, 2007, 3 Teeth in a Hour, 7 Teeth in a Day, 125 implant placed