Externship in the Perio Division at Harvard School of Dental Medicine

Completing an externship in the Perio Division at Harvard School of Dental Medicine will undoubtedly go down as a career highlight. During my week there, I picked up some interesting learning points so I thought I’d share these with you.

Pre-requisites & programme structure
For most applicants, this is their third degree. Prior to entering dental school, a bachelor’s degree is required and this usually takes 4 years. Dental school is also 4 years. So after 8 years at university, postdoctoral training becomes a possibility. Although this is clearly an extensive pathway, as in the UK, postdoctoral education is a growing trend with nearly 37% of graduates planning to go into advanced education programmes. However, entry into specialist training is competitive with Harvard receiving over 100 applications for 3-7 places per year. Unsurprisingly most of the students I met were highly qualified and I was impressed that several had already completed a PhD or were specialists in other fields.

For the periodontology programme at Harvard, residents can complete an MMSc (Master of Medical Sciences) or DMSc (Doctor of Medical Sciences) in conjunction with the periodontology certificate. The MMSc is 3 years and the training for both the MMSc and certificate is continuous. The DMSc can be 4-5 years depending on the chosen research project. The DMSc is usually for students who seek an academic career following graduation.

The tuition fee for Harvard per year is $58,050 but added to this are various insurances, instrument and book purchases, cost of travel and other personal expenses. So the average cost of attendance for a first year resident is $102,376².

In a typical week, residents will have 6-8 clinical sessions. During the first year there are 3-4 classes per week with this reducing to 1-2 for the following years. These classes include didactic teaching sessions, case presentations and critically appraisals of the scientific literature. There are in-service exams every year and the board exams are taken at the end of the programme. The full-time and part-time faculty staff are from a variety of backgrounds including hospital, private practice and research, with several travelling in from countries outside of the United States.

Clinical
All periodontitis patients receive one course of non-surgical debridement but as long as the oral hygiene is acceptable (this judgment is left to the student) and other risk factors have been accounted for, the approach is to swiftly move onto surgery if initial treatment has been unsuccessful. I felt surgical intervention was quicker/more aggressive than it might be in the UK and there was little tolerance to accepting deep pockets prior to maintenance. Indications for prescribing antimicrobials appeared similar and there were no set protocols for treating peri-implant cases. The most commonly used regenerative material was freeze-dried bone allograft with or without a membrane and the most popular implant system was Roxolid® by Straumann.

There are no specific quotas that residents must fulfil during the programme. However, the volume of surgeries performed appeared to be higher compared to the average UK periodontology postgraduate. For example, most of the residents will place around 70-100 implants by the end of their training. Residents can begin treating surgical cases from their first year. They are expected to work alone for all patient assessments, maintenance or non-surgical treatment appointments. A dental assistant is available for any surgical treatment. The facilities in
the dental hospital at Harvard were largely similar to that of the UK dental schools.

Unlike in the UK, patients attending for hospital treatment have to pay, albeit less than those receiving care in private practice. Here are some examples of the typical fees: root surface debridement - $200 per quadrant, tooth extraction - $110, pocket reduction surgery - $500 per quadrant, use of a membrane - $290, use of a bone graft material - $99, use of Emdogain® - $527, connective tissue graft - $400, implant placement - $1100 and implant restoration - $1000. When discussing charges with students, there were mixed opinions. Some thought charges helped from a patient compliance point of view but others felt that it restricted their exposure to some of the higher priced items as fewer patients would go for these options - Emdogain® was a particular example.

Research
Residents are required to complete a research project during their programme and Harvard is known for a particularly strong research component. Many of the students I met were completing their projects at the Forsyth - the world's leading independent research institute. Several of the projects were under the supervision of Professor Van Dyke and were investigating drug treatment for periodontitis as well as issues related to systemic diseases such as diabetes. Having the pleasure to visit the Forsyth strengthened my belief that scientific research is one of the most exciting and important fields of study.

Extra-curricular activities
The talented residents’ unbridled dedication and enthusiasm to their specialty is matched by their faculty's desire to develop them as individuals through extra-curricular activities during the programme. Many of the students I spoke to were heavily involved in extra-curricular clubs and felt this was an important part of their time at Harvard.

As well as informal encouragement, there is an elective component built into the programme where residents can take an additional class for 3-4 years on whatever subject they desire. Some of the first year students I spoke to were considering attending Harvard Business School or taking classes in performing arts. Quite clearly education at Harvard is more than just perio classes and clinics!

Life after Harvard
Job prospects for specialists appeared hopeful, especially out of the city. The majority of the residents considered working for two or three dental practices to begin with prior to setting up their own private practice. In terms of clinical work, most periodontists only carry out surgical procedures and the non-surgical treatment is completed by hygienists. Earnings vary according to place of work and geographic location. On average, a periodontist working in a well established dental clinic earns between $100-200,000 per annum and this usually goes up to around $300,000 if they have their own private practice.3

Finally...
I would encourage my peers to visit other hospitals and academic centres in the world – it’s an eye-opening experience and there is so much to learn from other institutions. I’d like to also say a special thank you to the BSP for the Clinical Fellowship Award, which funded this unforgettable adventure.
References: