# The mentorship: a concept of training Step-by-Step supported by Nobel ™

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## •Abstract

•Purpose: The Mentors are expert general practitioners who practice regularly implantology. They can receive 5 or 6 trainees a day in their practice per week for two months.

•As the training is 100% practical and based on the repetition of simple tasks, it allows the practitioners to master implantology more easily and without stress.

•The purpose of this study was to evaluate the training process with 40 practitioners.

•Material & Methods: A questionnaire was sent to the 40 trainees to evaluate their perception of the benefits of the stage

•5 important questions had been asked .

•Results: From the questionnaire, which was sent to the forty trainees:

•Q1- 33 practitioners have installed 84 implants after the training (most of them had already practiced implant prosthesis)

•Q2- the practitioners thought that implantology had a life expectancy largely superior to that of the traditional prosthesis.

• They felt more confident in the surgical organization.

• They thought it could optimize the general dental health of the patient.

•Q3- the 7 practitioners who did not place implants said:

•It was because they experienced problems in practical organization.

•They felt that they needed to acquire more knowledge.

•Q4- the trainees opted for:

•regular coaching sessions with the effective presence of the coach.

•surgically-guided techniques (Nobel Guide TM ) to prepare them even better by simplifying the process.

•Q5- after the training, they knew how to speak to the patients about implantology. They felt more confident to explain and demonstrate the benefits of implantology.

•Conclusion: this study demonstrates that the « step-by-step » concept, the follow-up or the participants set set up by Nobel Biocare is a real « coaching » concept that accompanies the « novice » practitioner and effectively


Figure 1: demonstration of placement of the mentor during the Nurse's session.

## Purpose

Many universities or private companies offer various implantology courses, which are very reliable.

Nobel Biocare Company wishes to create a systematic, step-by-step training program where the practitioner can integrate the new ability into his or her daily practice.

Because the training is 100% practical and is based on the repetition of simple tasks, it allows the practitioner to master implantology much more easily and without stress.

This training is not meant to replace traditional implantology theory, but simply complements and enriches it.

The context of the training includes five sessions during two months:

Session 1: Planning Treatment.
Session 2: Communication.
Session 3: Workshop
Session 4: Dental Nurses.
Session 5: Surgery

The mentors are expert general practitioners, who practice regularly implantology

They can receive 5 or 6 trainees in their practice.

These mentors help and assist their colleagues with their learning.

After the training, we sent a questionnaire to the trainees.

The purpose was to evaluate the training process of Step-by-Step supported by Nobel Biocare.

## Material and Methods

40 practitioners who completed the training course were selected.

The age of participants was between thirty and forty-five years old and comprising of 29 men and 11 women.

The study period lasted for one year after the training.

The practitioners were divided into two groups:

Group A: practioners who placed implants after the training.

Group B: practioners who did not place implants after the training

The implant systems used are NobelReplace ™ and Brånemark System®.

Six important questions were asked :

Q1- Did you one or several implants after the training (if yes, how many?)

Q2- (if yes) What are the factors which made you be more confident?

Q3- (if not) What are the reasons which prevent you from practising the implantology?

Q4- What sort of factors could help you to manage the stress caused by the surgical act?

Q5- Are you able to speak about implantology to your patients in a reassuring way after the training?

Q6- Satisfaction index:
Are you satisfied with the training? (from 1 to 5)

## Results

From the questionnaire, which was sent to the forty trainees:

Q1- 33 practitioners (27 men, 6 women: group A) have placed 84 implants after the training:

23 trainees of the group A had already practiced prosthetic implantology for years.

Q2- The practitioners are convinced that implantology is more reliable than the traditional prosthetic method:

They felt more confident in the surgical organization.

They thought it optimized the general dental health of the patient.

They model some confidence thanks to the training and to the simplified surgical protocol (placing implant with 2, 3, 4 drills).

Q3- The 7 practitioners (2 men, 5 women: group B) who didn't place implants for two reasons:

1 - it was because they experienced problems in organisation (no nurse, insufficient material)

2 - they felt that they needed to acquire more knowledge.

There are two types of trainees in this instance:

One type has a real lack of theoretical knowledge in implantology (3 participants in group B).

The other group has a fear of applying this new knowledge into their practice and consequently delays the application by demanding more training (4 participants in group B).

Q4- Stress-management remains a top priority for the Trainees.

Being accompanied by the mentor during the training and later with a regular follow-up helps the participants to feel more comfortable.

Practicing regularly surgical acts gives them reflexes and routines and consequently insures stress-management.

So they need regular coaching sessions with the effective presence of the coach.

The computer planning, which includes both surgical and financial advice (NobelGuide™, Model Based ™) represents an indispensable help to ensure an operation goes quickly and without any stress.

Q5- After the training, the trainees knew how to speak to the patients about implantology. They felt more confident about explaining and demonstrating the benefits of it.

The practitioners (group A) assert knowing how to speak about implantology in a reassuring way and they can answer openly to the questions on the failure.

Q6- After the course, 28 participants are very satisfied with the training (index 4)

6 trainees think that the course is excellent (index 5)

6 trainees are satisfied (index 3) but they have some suggestions (They would like to see more surgical cases and do more hands-on)

Figure 2: **Questionnaire of evaluation completed by 40 practitioners**

**Practitioners A**: the practitioners who placed implants after the training (33)

**Practitioners B**: the practitioners who did not place implants after the training (7 Practitioners B.

Practitioners A

**1.How many implants did you place after the training?**
**84 implants**

**2.Factors that gave practitioners the confidence to try out this new practice:**

**48 of the group A** believe that implantology has a life expectancy largely superior to the traditional prosthesis.

**8 of the group A** feel more confidence in the surgical organization.

**6 of the group A** believe it will optimize the general dental health of the patient.

**3.Analysis of reluctance**

**4 of the practitioners B** did not place implants because they experienced problems of practical organization.

**4 of the practitioners B** do not place implants because they felt they needed to acquire more knowledge.

**4.Management of stress caused by the surgical act:**

**22 of the practitioners A** opted for regular coaching sessions, where the "coach" would be present.

**11 of the practitioners A** opted for surgically-guided techniques (Nobel Guide™) to prepare them even better for the surgeries by simplifying the process.

**5.Communication:**

**18 of the practitioners A** knew how to speak about the implantology to the patients in a reassuring way after the training.

**12 of the practitioners A** gained more confidence in explaining and demonstrating the benefits of implantology.

**7 of the practitioners A** felt confident answering questions on the potential problems which one could encounter in implantology.

Figure 3: comments attended by radiological analysis of scanners

## Discussion

We confirmed that out of 40 dentists, at least 33 placed implants after the training (27 men and 6 women) because they feel more comfortable with this new practice.

The aim of Step-by-Step is to broaden one's zone of confidence.

We feel less confident in doing tasks that we rarely do and feel more confidence when we carry out tasks every day.

By creating routines on simple surgical acts, we gain confidence and peace-of-mind (2)

The central zone in the diagram represents confidence in tasks we do routinely and therefore we feel more confident in doing them. The outside zone in the diagram represents tasks we rarely or never do and therefore our confidence is very low and this can create risk and possibly danger.

We must transfer these rarely done tasks into everyday, routine practice in order to increase our confidence.

In this way, the practitioners who prefer to venture into a new territory had already practiced prosthetic implantology.

The men are bolder than the women to do new surgical acts.

After the stage , 28 practioners realize simple cases without any problems .

5 practioners do treatments more complex ( Immediate Loading , implants placed in extraction sites , esthetic zone ).

We thought that the stress-management remains a large priority for the trainees.

The coaching has proven to be an effective means to make excellent progress, gain confidence and overcome stress.

The computer planning (NobelGuide ™, Model Based ™) gives the opportunity to work quickly and without any stress (4)

Figure 4: Zone of comfort and zone of [illegible]

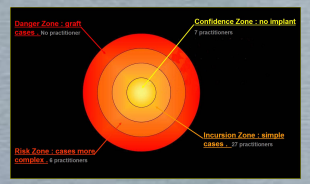


Figure 5: This patient has tooth #3 extraction. The practitioner intended to place implant [illegible] model.

Figure 6: Elaboration of the surgical guide stabilized by supports screws on the teeth.

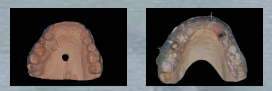

Figure 7: clinical view immediately after the surgery

Figure 8: Patient presention a lack of 12 , being 13 in position of 12 . [illegible] with the coach.

Figure 9: Preparation of model with template serving [illegible] guide for the implant and as a positioning for the temporary [illegible]

Figure 10: The template allows to reposition the temporary crown in [illegible] pain.

The prosthesis lasted 1hour without any stress.

## Conclusion

We feel it is vital for practitioner to take part in this training to raise their professional profile so the patient has more respect and confidence in his or her dentist.

We can refer to the studies of Tepper (1) which deal with the point of view of the patients.

Patients value general practitioners who deal in implantology as much as they value practitioners who only specialize in implantology.

Each can so judge his competence and his limits, know how to distinguish a " true simple case " of a " false simple case "

The ultimate purpose is to help the practitioner to know how to determine the indications, which are convenient for his level of experience (6; 7).

This study demonstrates that the « step-by-step » concept set up by Nobel Biocare is a real « coaching » concept to the « novice » practitioner and actually helps him and his team.

Thanks to the training and the follow up, the trainees can gain « capital confidence » in this new practice.

The learning in implantology and the coaching allows every participant to answer the aesthetic and functional demand of their patient and to win in their respect and their confidence.

## References


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