

Some thoughts as to our preparation for these trips especially when dental students are helping:

1. The supervising dentist should familiarize himself (herself) with the equipment and supplies. Limitations in our own skills and equipment/supplies should be discussed with the students. Some general dentists have not extracted teeth in years. Some clinics will have an oral surgeon or one that is close enough to transport a patient to if needed. Though we are capable of doing so much more than when I first went on a mission trip 20 years ago, we are still operating in a less than ideal setting, with unpredictable electrical power, without radiographs, etc. We do not want to get in over our heads just as the students should not get us in over our heads. All equipment, sterilization techniques, and restorative materials should be discussed prior to the start of a clinic and should be monitored throughout the day.
2. Normally our team will not be at the same location the following day for follow-up or post-op treatment. We should not leave our patients at risk to infection from our treatment so antibiotics should be considered more frequently after extracting a tooth than in our usual office setting. Beginning root canal treatment would not normally be considered as we cannot complete this treatment. Temporary fillings are usually not appropriate for the same reason. We should attempt treatment that has a reasonably high success rate and would normally be considered completed treatment. One procedure per patient is best when there is an abundance of patients, so more people can be helped. Patients in pain should be a priority. Dental prophylaxis is a wonderful procedure to express Christ's love for others just as Jesus washed the feet of his disciples. Preventive dentistry should be apart of every clinic.
3. A triage approach to diagnosing and treatment planning is very effective in field dentistry. All procedures to be done by a student must be approved by a supervising dentist who has assessed the student's level of training. The supervising dentist should be in closed proximity during the treatment phase and feel comfortable completing the treatment if the student cannot. More experienced students can be very helpful in teaching other students. Everyone benefits, but ONLY if the patient benefits.
4. Other ideas that might be discussed prior to a dental clinic:
 - a. Spiritual aspects of dental care
 - b. Cultural aspects of dental care
 - c. Minimizing risks to patients and students
 - d. Limitations in the field setting
 - e. Assessing levels of competence of each individual student
 - f. Assessing the student's goals and desires to have a mission experience. Are their goals reasonable? How can we attain those goals secondary to the patient's needs?