



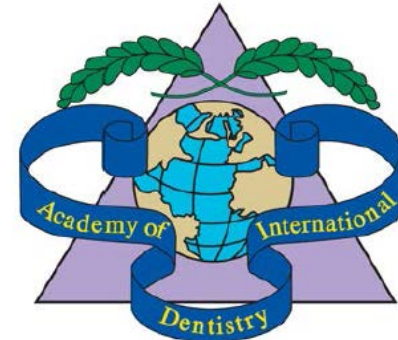
*International Volunteer
Project Workshop:
Exploring Challenges and
Developing Best Practices-
Report on the Proceedings*

*American Dental
Association
Annual Session
September 4, 2019
San Francisco*

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Guide for Safety and Infection Control
For Oral Healthcare Missions

OSAP

Dentistry's Resource

An education and training tool for humanitarian dental care workers

For Infection Control & Safety

Special Thanks to the Planning Committee

- Dr. Ronald Fritz
- Dr. Robert Meyer
- Dr. Francis G. Serio
- Dr. Karl Woodmansey
- And all the others whose suggestions will make today a success.
- Kudos to Ms. Briana Rowland of the ADAF staff who always makes us look good.

Charge for the day:

- Your charge is to make the day a success. As you leave this afternoon, best practices for selected topics of interest should be defined. There may be more than one way to do something, but finding the best way will be of great value. This means that for some, your favorite approach may not be the best approach. Be open to allow the best practice to be brought to the fore. The results of this workshop can be a tremendous resource for those new to volunteering or those who have been at it for many years.

The Agenda:

Workshop Agenda

Friday, May 11, 2018

8 a.m.	Orientation
8:10 a.m.	Dr. Francis G. Serio - Introduction of the workshop, initial comments on the challenges of volunteer projects
8:55 a.m.	Breakout Sessions <ul style="list-style-type: none">• Identifying locations and existing sites for new teams- linking with local counterpart- felt needs• Sustainability• Volunteer recruitment• On-site arrangements- lodging, food, security, translators• Logistics- moving equipment, supplies, personnel• Financing/ fund raising- To be a 501c3 or not to be
10 a.m.	Break
10:15 a.m.	Group Presentations
11:10 a.m.	Summary discussion/ Consensus by entire conference
12 p.m.	Lunch
1 p.m.	Dr. David Frost - Ethical Considerations and International Volunteer Projects
1:45 p.m.	Breakout Sessions <ul style="list-style-type: none">• Legal issues for individuals and institutions- is malpractice an issue?• Positive and negative impacts on the local community• Integrating non-dental agendas into a dental project• The student experience- what are the limits? Ethics. Legal concerns• Infection control/sterilization/patient safety/volunteer safety• Integration of locals and volunteers/patient selection/follow up care
2:50 p.m.	Group Presentations
4 p.m.	Summary discussion/ Consensus by entire conference
4:50 p.m.	Concluding Remarks
5 p.m.	Adjourn



The Proceedings

Proceedings of the International Volunteer Project Workshop: **Exploring Challenges and Developing Best Practices**

May 11, 2018 | American Dental Association Headquarters | 211 East Chicago Avenue, Chicago, Illinois



Sponsored By:
Academy of Dentistry International
The American Dental Association Foundation
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Henry Schein
International College of Dentists

Compiled and Edited By:
Francis G. Serio, D.M.D., M.S., M.B.A.



DOMINICAN

DENTAL

MISSION

Project

San Jose de Ocoa

El Cercado

Hondo Valle

Dominican Republic

*The Dominican Dental Mission Project
Serving the dental needs of the poor
of the Dominican Republic since 1982
38th Anniversary 1982-2019*

Session 1- Identifying locations and existing sites for new teams- linking with local counterparts- felt needs

- **Summary:** When identifying or working with locations, integration of locals into a project is critical for both short-term and long-term success. Projects must be designed to address local needs and concerns based on the local context, not the context of the volunteer or project.

- Identifying new locations
 - Approached/invited by the site
 - Do NOT go where you are not invited (it would be impossible to work under almost any circumstances)
 - Millennials suggest programs/sites
 - State/country partnership programs- (i.e. North Carolina and Moldova)

■ Challenges

- Licensure pushback
- Education
- Identifying needs
- Safety
- (The challenge of “Yes.” Locals may answer yes to most/all questions. Must ask other types of questions and have detailed site visit to confirm details before bringing a group for the first time.)
- Locals must have objectives- needs, patients, execution plans

■ Current practices

- Continuous needs assessment
- Collection of baseline information
- Targeting children for care/prevention
- Local partner stability/continuation
- Help train future health care providers
- Health Volunteers Overseas
(www.hvousa.org) has a detailed site assessment tool.

- ******Remember- volunteer projects plug into the local context. Projects may actually be disruptive to the normal ebb and flow of life. Must be cognizant that the project does not overwhelm the host.**



Session 2- Sustainability

- Summary: The keys to sustainability are to establish local infrastructure including personnel and supply chains. Projects must be well-developed with agreement and understanding among all parties. Leaders must be dynamic and responsive to changes in local conditions. The ultimate goal is to turn projects over to local leadership and control when possible. (A textbook example of this is the East Meets West Dental Project in Da Nang, Vietnam. www.eastmeetswestdental.org) The founder of this program, Dr. Charles Craft, is this year's recipient of the ADA Humanitarian Award.

■ Challenges

■ Leadership

- Commitment

- Dedication

- Passion

- Cultural awareness

- Adapting to changing local environment

■ Planning

- Start with the goal of sustainability
- Modify health behavior
- Government policies
 - Corruption

- **Best practices**
 - **Consensual goals**
 - **Prevention- focus on children**
 - **Collaboration**
 - **Listening to local needs and partners**
 - **Adaptation**
 - **Establish local infrastructure and supply chain**
 - **Honest evaluation**
 - **Iterative thinking- change when indicated**
 - **Learn from mistakes**
 - **Develop measurement tools- initial and ongoing data gathering**
 - **Turn over to local leadership and control when possible**

Impact?

*“We know that
because the dentists
come back every year
that God has not
forgotten us.”*

The People of Hondo Valle

38 Years of the DDMP

- Over 64,000 poor Dominicans treated.
- Approximately \$19.5 million in dental care provided.
- ***Supported 8 young Dominicans to become dentists and take care of their own people.
 - This is the answer to development and sustainability. This project has evolved from being the only dental option to supporting the local dental care system.

2018 Dominican Dental Mission Project Final Production

Monday (7/2)- Los Tramojos
Tuesday (7/3)- El Mamiso
Wednesday (7/4)- La Horma
Thursday (7/5)- Mahoma Abajo
Friday (7/6)- Las Ayamas.

Total patients- 480
Extractions- 528 @ \$200 each- \$105,600
Fillings- 286 @ \$250 each- \$71,500
Cleanings, Prophys, Scalings- 127 @ \$250 each- \$31,750
Full dentures- 107 @ \$2000 each- \$214,000
Partial dentures- 43 @ \$1750 each- \$75,250
Prosthetic repairs- 8 @ \$250 each- \$2000
Pulpectomies- 66 @ \$250 each- \$16,500
Alveoloplasties- 1 @ \$1000 each- \$1000
Sealants- 32 @ \$125 each- \$4000
Silver Diamine Fluoride- 74 @ \$75 each- \$5,500

Total US \$527,100

Total RD\$ (49 pesos/ US\$1)- RD\$25,827,900

Session 3- Volunteer recruitment

- Summary: Volunteers may be found in many places. Currently, the use of social media, visibility at local, regional, and national meetings, and the presence of international volunteer projects in dental schools will increase the visibility of these opportunities. All projects must provide comprehensive orientation for volunteers and develop a feedback loop with returning volunteers. There are many sources of excellent information for volunteers on social media, organization websites (www.adafoundation.org/internationalvolunteer), at meetings, and in print.

- **Motivators- reasons for going**
 - **Helping disadvantaged**
 - **Finding significance in the volunteer's life**
 - **Adventure/travel**
 - **Promoting faith outreach**
 - **Professional/personal development**
 - **Positive example to others**
 - **Gain cross cultural perspective**
 - **Positive environment in which to work**
 - **Building relationships with team and country**

- **Detractors- reasons for not going**
 - **Financial considerations- constraints**
 - **Physically too demanding**
 - **Too busy/other priorities**
 - **Unsure of how to do it or it is too difficult/ out of comfort zone**
 - **No desire or interest**
 - **Helping locally already**
 - **Lack of spousal support**
 - **Dental burnout**
 - **No appealing opportunity**

- **Best practices to recruit**
 - **Stress safety, local and national support**
 - **Universal precautions and sterilization a must**
 - **Ensure a reasonable work environment**
 - **Host/patient with reasonable expectations**
 - **Educate team to support and encourage the locals**
 - **Cross cultural awareness**
 - **Establish connectivity**
 - **Avoid pitfalls**

- Adequate supervision when training dental students, etc.
- Establish and enforce a code of conduct
- Have prevention focus
- Work toward sustainability
- Balance work, rest, cultural exchanges
- Evaluate
- Family and staff involvement

EL LIMON





Session 4- On-site arrangements- lodging, food, security, translators

- **Summary:** Developing appropriate on-site accommodations requires good in-country counterparts to help with these arrangements. Project leaders must ensure volunteer safety as their #1 priority. Safety and relative comfort of volunteers is essential for their effective functioning in the field. Site inspections and tangible evidence of arrangements are critical to avoiding problems with the existence of such support.

■ Security

- Research site- advance preparation
- (Security and team safety is priority #1, 2, and 3)
- (Early research- US Dept of State site- www.state.gov/travel/)
- Trust locals
- Find guide
- Knowledge of in-country requirements
- May need “armed guards”
 - Site specific- urban vs. rural
- NGO legal requirements
 - Sign liability waiver

- Lodging/hospitality
 - Local assistance/accommodations
 - Pre-mission site visit/inspection. (This is critical for a new site.)
 - May dictate the number of possible volunteers
 - Cost of lodging
 - Security implications
 - Trust with community
 - Sharing meals with locals

- Food

- Water safety

- Many sites now have available bottled water

- Adequate nutrition/hydration- (A major problem among volunteers is dehydration. May use a non-dental volunteer or local to continuously pass water to workers during the day.)
- Allergies- (must have epinephrine and diphenhydramine available.)
- Food preparation/source
- Options are site specific
- Pre-trip orientation to educate potential volunteer. (Conditions must be accurately presented. Some people just could not cope with certain lesser conditions.)

■ Language

- Recruit volunteers with specific language skills.
- Local translators and interpreters- may need more than one
- Consider native cultural dialects
- Local connections- i.e. Peace Corps volunteers often willing to help.
- Communication is not always verbal.











Session 5- Logistics- moving equipment, supplies, personnel

- **Summary:** There are a variety of ways to ship needed equipment and supplies. Options include in-country procurement, checked luggage, and the use of third-party freight forwarders depending on the country. As sustainability is only achieved by repetitive visits, finding a secure on-site location is critical for year-to-year sustainability. There are innumerable options for portable equipment. Three options of note are Aseptico (www.aseptico.com), the Newberg, Oregon chapter of Rotary International (www.rota-dent.org) and organizations such as the Christian Dental Society (www.christiandental.org).

■ Challenges

- Electricity- compatible? Conversion? (Be sure to have a multimeter to check voltage and amperage)
 - Alternatives- generators, solar panels
- Cultural- bribes
- Luggage fees
- Refrigeration of composite materials
- Shipping and repairs

- **Governmental approvals**
- **Importation- (possible country specific freight forwarders- i.e. La Union Shipping door to door including customs clearance to the Dominican Republic)**
- **Customs**
- **Expenses**
- **Timing of shipments to arrive in time for the project**

- **Inventory**
- **Packing appropriate amounts**
- **Knowing what to take- checklists, checklists, checklists**
- **Communications with the site**
- **Security of goods on-site**
- **Appropriate equipment for the facilities**
- **What can be purchased in-country?**

- Equipment suggestions
 - One visit dentures
(www.benchmarkdenture.com)
 - Get surplus denture teeth to make “flippers”
 - Portable dental chairs- Aseptico, Adec, cardboard chairs from Christian Dental Society
 - Economical dental chairs and units- Rotadent-activity of Rotary International (www.rotadent.org)
 - Lawn chairs, weight benches, MacGyver it

■ Best practices

- Local partners
- Start planning early
- Contact with local government
- Returning to the same location- leave things behind in a secure location
- Coordination among groups that go to the same country









Session 6- Financing/fund raising- To be a 501c3, or not to be?

- **Summary:** The key is to make all donations tax advantaged/deductible under the full extent of the law. Many organizations have formed non-profit 501c3 entities under the IRS code. While it is often the way to go, it entails significant attention to detail in order to maintain this status. Another option is to create a pass-through account in an existing community foundation which then has the 501c3 status, allowing tax deductions for donors.

- A third option is to run expenses through an existing dental practice, although this may complicate an audit. Local organizations may provide some logistical support, such as food, accommodations, transportation, translators, and other services that may lessen funding requirements.

- How do I get a tax exemption (deduction)?
 - A direct write-off is better than a donation (assuming that you have a business to do that)
 - The hygienist (or other volunteer without a direct write off capability) would receive a letter from the (501c3) organization that they can use for tax purposes
 - IRS ruling- 50% of your travel time must be spent on the volunteer project
 - If asked, must provide the letter to the IRS
 - Organization can provide a participation letter to the volunteer and they fill in the amount

- There may be IRS restrictions on direct Schedule A charitable deductions for international charitable expenses. Many 501c3 organizations can use a pass through provision where, for instance, the participant buys their plane ticket, then sends the ticket receipt and a donation in that amount to the 501c3. The participant then receives a reimbursement for the ticket and has documentation of the donation to the 501c3 for tax purposes. They still pay for the ticket, but the tax documentation reflects a donation to a US charity that is correct in case of an audit.

■ Methods of financing

- Corporate donors/annual fund raising events
 - Participant pays and is reimbursed by the organization
- Foundations like to donate to foundations
- Some groups the volunteer pays nothing. Most groups the volunteer pays a portion of the expenses
- With some groups- project fees help with overall project organization overhead- salaries, office expenses, etc.

■ Donations

- Everyone solicits donations- \$\$ and supplies-equipment
- Many projects have their own equipment (but always need consumables)
- Some buy, (rent), or borrow equipment.
- Check with Christian Dental Society (www.christiandental.org), World Dental Relief (www.worlddentalrelief.com), and other organizations to buy or rent equipment.
- Some volunteers bring their own instruments (check on proper shipping)

- Other fund raising options
 - Some use PayPal/Venmo
 - Amazon Smile
 - Google Wallet
 - Facebook crowd funding
 - Crowd Rise
 - Go Fundme
 - If in practice, often patients are interested in supporting the project

Session 7- Legal issues for individuals and institutions- is malpractice an issue?

- Summary: It is imperative that any group be cognizant of and follow any in-country and local laws and regulations. The US Embassy cannot help volunteers who violate local laws. There are organizations that provide international medical and professional liability insurance (www.travelwithgallagher.com). While health insurance is a must, there have been no reports of malpractice/negligence claims against international volunteer groups.

- Identify the proper local authorities- country and local rules and regulations
 - Be aware of changes. Need to update information
- Authorization/documentation
 - Working with the government (some countries have very strict rules for volunteers, others have no regulation)
 - Volunteer credentialing
 - Students- gaining approval (from both the local site and the school)
 - (What can a student do? Depends on their level of training and experience at school)
 - Safety and liability to treat patients
 - Line between ethics and laws/regulations

- Safety/liability

- Travel insurance/international medical insurance/malpractice insurance

- Gallagher Charitable

- (www.travelwithgallagher.com)-

- malpractice and international health insurance options

- Informed consent

■ Best practices

- Work with governments/local partners
- Ethically obligated to uphold the highest clinical and legal standards
- Written and verbal informed consent
- International malpractice insurance
- Travel insurance/medical evacuation insurance
- Liability waivers from volunteers
- Order of conduct (both professional and social)
- Policy and Procedures Manual
- Minimize risk
- Access to legal counsel at home and on-site

Session 8- Positive and negative impacts on the local community

- **Summary:** The best lesson here, as in many of the other topics of this workshop, is to have effective communication and a strong partnership between the project and the in-country partners. Volunteers should have a good grasp of the environment and culture of the local site- history, language, customs, potential faux pas, and unique conditions. Project directors should be aware of the “burden of the gracious host” and to minimally tax that host, especially when resources are limited. Education of local health care workers, particularly in prevention, is key.

■ Challenges

- Provide “appropriate” care
- Don’t have much data- health status? Improvements?
- Teach OHI for long term benefits
- Data re:impact/benefit from local perspective, not just health benefits- other intangibles
- Interference with local providers

- Don't realize that all context is within local community
- Challenges are community specific
- “Weight of authority”- compliance vs. collaboration
- “Burden of the gracious host”
 - Locals want to please, be agreeable
- Making volunteers understand cultural issues and potential negative impacts
- Building trust when only there a couple of times per year

■ Benefits

- Growing local volunteer culture
- Building social capital
- Helping to build the legitimacy of the local dental community
- Female volunteers encouraging local females
- Improved health
- (Positive economic impacts- spending funds in the local economy- lodging, food, transportation, etc.)

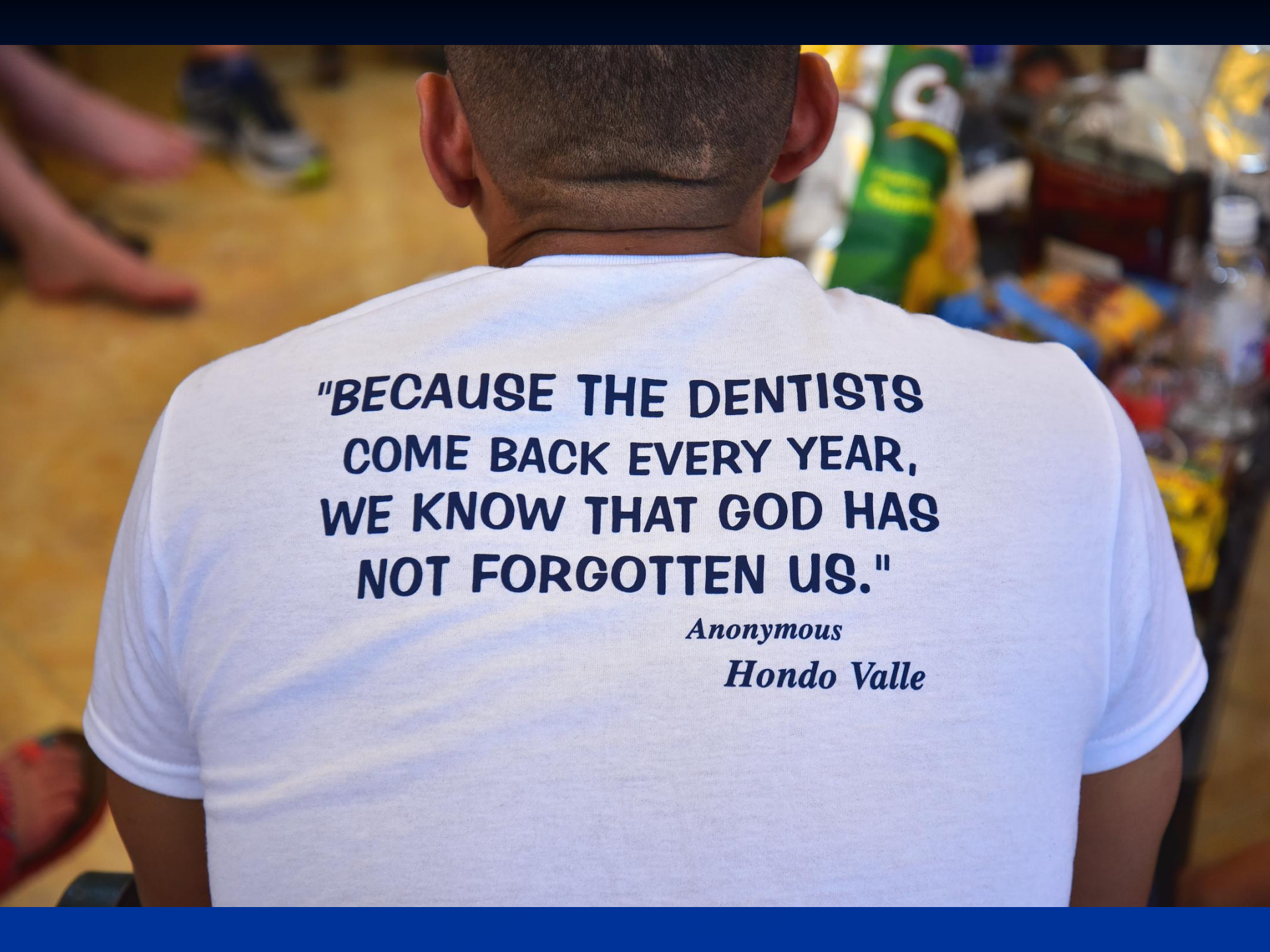
■ Best Practices

- Rely on local partner to communicate in both directions and be honest about local context
- Volunteer orientation/training/cultural competency
 - Facetime with volunteers before going
- Create feedback loops between community and program and between volunteers and program
- Longer-term continuity of care/program
- Continuing education for local dentists/oral health care workers
 - Physicians, health educators, teachers
- Teach prevention techniques
 - (Active- brushing, etc.)
 - (Passive- fluoridated salt)







A photograph of a person from behind, wearing a white t-shirt. The t-shirt has a quote printed on it in dark blue, bold, sans-serif capital letters. The background is a blurred indoor setting with various items and people.

**"BECAUSE THE DENTISTS
COME BACK EVERY YEAR,
WE KNOW THAT GOD HAS
NOT FORGOTTEN US."**

Anonymous

Hondo Valle

SDF*

stannous fluoride

time for
re

* silver
who?

① not enough
all the restorative
needed

② person refuses
extraction

③ small proximal
lesions uncovered
during treatment on
adjacent teeth

other teeth that could
benefit from SDF
rest decay

can or others
be managed
with restora-

eth
ate

④

benefit
to arr

⑤ children
who can't
well enough for
restorative

⑥ caries in 1^o teeth
that are due to exfolia-

not: ① metal
allergy

② abscessed teeth

(frank or probable)



Session 9- Integrating non-dental agendas into a dental project

- Summary: There may be some advantage to integrating other, non-dental, health initiatives into a dental project. As patients often have to make great efforts to arrive at the dental site, using this time for other health services may be beneficial. One challenge is to not set up a *quid pro quo* situation whereby potential patients have to do something else in order to receive care. Felt needs of the community must always be kept in mind.

- What non-dental agendas?
 - Education/ schools/ ADEA
Interprofessional Education
 - Religion
 - Medical- nutrition, pharmacy, optometry,
podiatry, research, diabetes education,
maternal health, sex ed, technology
 - Water safety
- No *quid pro quo*.

- Best practices- it depends
 - Manage community expectations
 - “We are just the dentists.”
 - Efficiency of “one stop shopping”
 - Comprehensive care
 - ***What does the local community need/want?

*Session 10- The student experience-
what are the limits? Ethics. Legal
concerns.*

- **Summary:** The primary principle in having students participate in international volunteer projects is that they should not be allowed to perform clinical procedures for which they have not been adequately trained. There are both practical and ethical reasons for this approach.

- Student selection must be well defined. One major advantage of student participation is the strong possibility that the students will continue such endeavors after graduation. Dental schools are sensitive to the possible institutional liability of such programs but over 65% of US schools have some type of international program.

■ Challenges

- Limited numbers of students can participate
- Students have limited time
- Finding more students
- Students can only perform limited procedures with or without faculty supervision
- Educating students on public health principles
- How do we work with dental schools?
- Sustainability
- Making opportunities possible

- **How do you select students?**
 - **Good standing**
 - **Maturity**
 - **Selected by faculty**
 - **Language knowledge**
 - **Not necessarily at the top of the class**
 - **Previous participants help select students**
 - **Should you ask students motivation for participating?**
 - **Take the least motivated students and they will come back motivated**

■ Best practices

- Student orientation
- Dental school classes take ownership of project location and passes the project to the next class
- Safety is #1
- Students work within the scope of legal procedures (and their own competencies)
- Some (most) schools require faculty supervision

- What liability is accepted?
 - Is it an issue for universities?
 - Covered by insurance
 - Does malpractice insurance extend outside the US borders?
 - Are there instances when students are not covered? (Does it make a difference? Who will be sued? Has there ever been an international volunteer project malpractice suit?)
 - Student sponsored vs. university sponsored





Dominican Dental
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Session 11- Infection control/sterilization/patient safety/volunteer safety

- **Summary:** Projects must be attuned to both patient and volunteer safety. Proper instrument sterilization techniques must be in place to ensure against the transmission of disease from patient to patient or patient to volunteer. Standard precautions must be in place for volunteers to minimize the chances for percutaneous exposures and other issues.

- Among first aid supplies needed are epinephrine and diphenhydramine for allergic reactions and quick HIV diagnostic kits, as well as antiretroviral agents if the source proves to be HIV-positive. Proper biohazard disposal is critical to supporting the local community, as public garbage dumps are often places where people scavenge.

- Infection control
 - Sterilization/disinfection
 - Challenges
 - Power sources
 - Inverters
 - Broken pressure pots
 - (Local hospital autoclave available?)
 - Best practices
 - Birex- surface disinfection
 - Sci Cam- Statim autoclave or other autoclave capability
 - Disinfectant wipes
 - Pressure pots with supplemental weight (see www.christiandental.org)

■ Volunteer safety

■ Challenges

- Vaccinations

- Political unrest

- (Transportation)

- (Poor behavior)

- Food/water contamination

- Current practices
 - Close toed shoes
 - PPE
- Best practices
 - Oraquick, anti-virals on site (expensive but part of the cost of doing business)
 - AED
 - Emergency kits
 - Water purification
 - Mosquito control- malaria, dengue, Zika
 - Check with local travel clinic and www.cdc.gov
 - (Medical evacuation insurance- often part of international health insurance policies)

- Patient safety
 - Best practices
 - No expired drugs
 - Same sterilization standards
 - Interpreters
 - Follow up care
 - Proper documentation
 - Knowing your limits
 - Cultural respect
 - Biohazard disposal
 - Simple medical history
 - Patient eyewear

- Next steps???

- Portable radiology- **NOMAD**, sensors, computers
- Written post-op instructions
- Gauze packets
- (Analgesic packets)





Session 12- Integration of locals and volunteers/patient selection/follow up care

- **Summary:** Inclusion of local professionals and other community members is imperative to achieving a sustainable project. Local partners can arrange for a host of details, including lodging, transportation, food, and other necessities.

- In addition, these local counterparts can arrange for patients to be available when and where it is appropriate. There should be a local dentist available to deal with any post-treatment complications and have the necessary instruments and supplies to provide such follow-up care. Inclusion of community members make these projects “we projects” that are much more amenable to long-term sustainability.

■ Challenges

- Finding local volunteers- no locals, no local dentists
- Disruption of local practitioners
- Infrastructure- when we teach to fish- where do they find the tackle box?
 - Identifying people to train
- Engage local practitioners (standards of care)

- **Current practices**
 - **Site visit/pre-planning**
 - **Returning to the same site**
 - **For local dentists- may generate business when the team leaves**
 - **Working with local dental schools**
 - **Follow up**
 - **Waiting for an invitation so you have an established partner**
 - **Networking with local organizations**
 - **May have already identified vulnerable populations**
 - **(local Rotary International chapter can be a tremendous resource)**
 - **Teaching prevention in local language/cultural norms**

■ Patient selection

■ Challenges

- Legitimate needs vs. “the mayor’s daughter”
- Team has the skills to treat those needs
- Triage/prioritize patients

■ Current practices

- Pre trip med hx

- Patient pre-registration

- Prioritize- treat infections first

- Setting limits- (not quite piecemeal but not full mouth rehab either.

Possibilities- all max anterior teeth restored, or all maxillary and mandibular restorations on one side to give patient a side with which to eat.)

- Follow up care
 - Challenges
 - Where do they go?
 - Will they go?
 - Ethics
 - Current practices
 - Regular schedule and local facilities
 - Follow up from prior volunteer group
 - Sometimes the best treatment is no treatment
 - Train nurses, etc. on follow up care for infections and bleeding
 - (Leave materials behind with local providers-
dentists, physicians, nurses, hospitals, etc.)

■ Best practices

- Info for patients- post-op instructions in local language
- Analgesics
- Minimize complications- (minimize surgical extractions and flap elevation apical to the mucogingival junction to minimize opening into fascial planes.)
- Prepare locals to treat follow up patients
- Detailed care instructions for local “champion.”





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Resource List

List provided by Drs. Francis G. Serio and Robert Meyer

*** Denotes key references

Publications

Academy of General Dentistry. (2016). Giving the gift of dentistry: AGD members volunteer locally and globally. *AGD Impact*, 22-26.

Academy of General Dentistry. Providing Dental Care Around the World. *AGD Impact* 2018;46:12-17.

Alexander, D. (2017). Advancing the global burden of disease and the UN's sustainable development goals: dental volunteerism and professional social responsibility. *ADI Seminar for Greater New York Dental Meeting*, (pp. 1-7). New York, NY.

Archer, C. (2014). *Holding the rope: short-term missions, long-term impact*. Pasadena, CA: William Carey Library.

Asa, R. (2011). Missions abroad: The world of volunteer dentistry. *Academy of General Dentistry Impact*, 24-29.

***Beaglehole, R., Benzian, H., Crail, J., & Mackay, J. (2009). *The oral health atlas: Mapping a neglected global health issue*. Brighton, U.K.: FDI World Dental Federation. fdiworlddental.org

***Benzian, H., Williams, D., & Severin, T. (. (2015). *The challenge of oral disease: A call for global action*. FDI World Dental Federation. fdiworlddental.org

Bimstein, C. D. (2008, December). Educational, personal, and cultural attributes of dental students' humanitarian trips to Latin America. *Journal of Dental Education*, 72 (12), pp. 1493-1509.

Botko, G. J. (2014). A case for giving back: The many benefits of charitable actions. *Academy of General Dentistry Impact*, 22-25.

Brown, S. (2005, Vol. 8, No. 6). Traveling with a purpose: Understanding the motives and benefits of volunteer vacationers. *Current Issues in Tourism*, pp. 479-496.

Caldron, P. H. (2015). A systematic review of social, economic and diplomatic aspects of short-term medical missions. *BMC Health Services Research*, 15, pp. 380-10.

Call, R. L. (2010). The rewards of humanitarian service. *Dental Abstracts*, Vol. 55, Issue 6, pp. 284-286.

***Christian Dental Society Dental Mission Manual. christiandental.org

Cohen, R. (2002, March). In service to others. *New York State Dental Journal*, pp. 18-19.

Online Resources

ADAFoundation.org/internationalvolunteer

usa-icd.org

travmed.com

hesperian.org

cdc.gov/travel

adint.org

issuu.com/myriadeditions/docs/flipbook_oral_health

worlddentalrelief.com/training.htm

christiandental.org

aseptico.com

hscaresfoundation.org

osap.org

hvousa.org

hvousa.org/resources/volunteer-toolkit/travel-resources/



International Volunteer Project Workshop: Exploring Challenges and Developing Best Practices: Part 2

Karl Woodmansey, DDS, MA



Disclosure

I, Karl Woodmansey, DDS, MA do not have any financial affiliations or conflicts of interests to disclose.



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Endodontist / Dentist



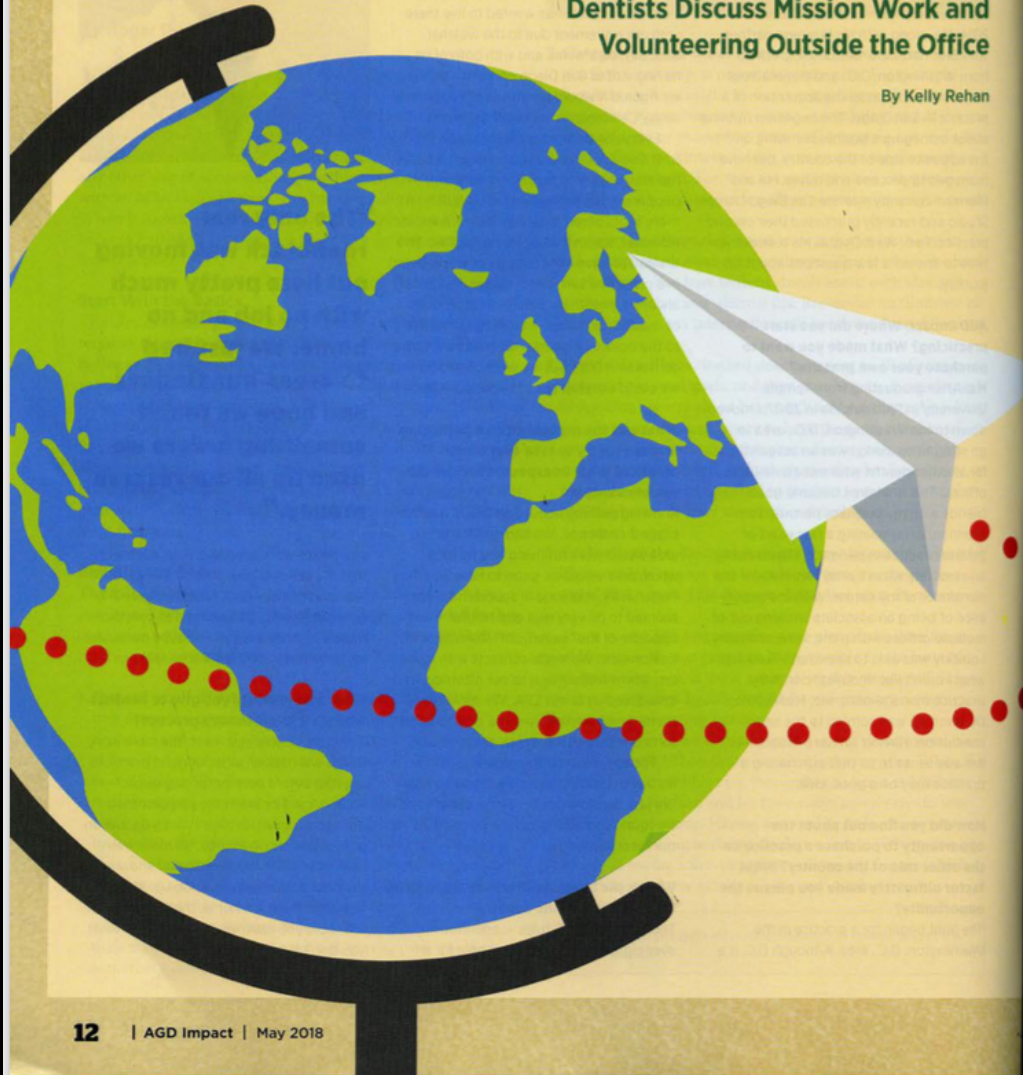
136th Aeromedical Group
136th Airlift Wing
Texas Air National Guard
JRB Fort Worth, Texas



Providing Dental Care Around the World

Dentists Discuss Mission Work and
Volunteering Outside the Office

By Kelly Rehan



AGD Impact
May 2018

How Can I Help?

Despite digitally induced social isolation, volunteerism is on the rise in many places around the world. While U.S. volunteer rates wax and wane - about one in four adults volunteer for an organization at least once a year – pockets of improvement abound. Demographic trends point to even more volunteering.

Survey of International Volunteer Activities of U.S. Dentists

Woodmansey KF, Serio FG. International Volunteer Activities of U.S. Dentists: Results of a Survey. Gen Dent. Dec 2019. In Press.

Qualtrics Online Survey

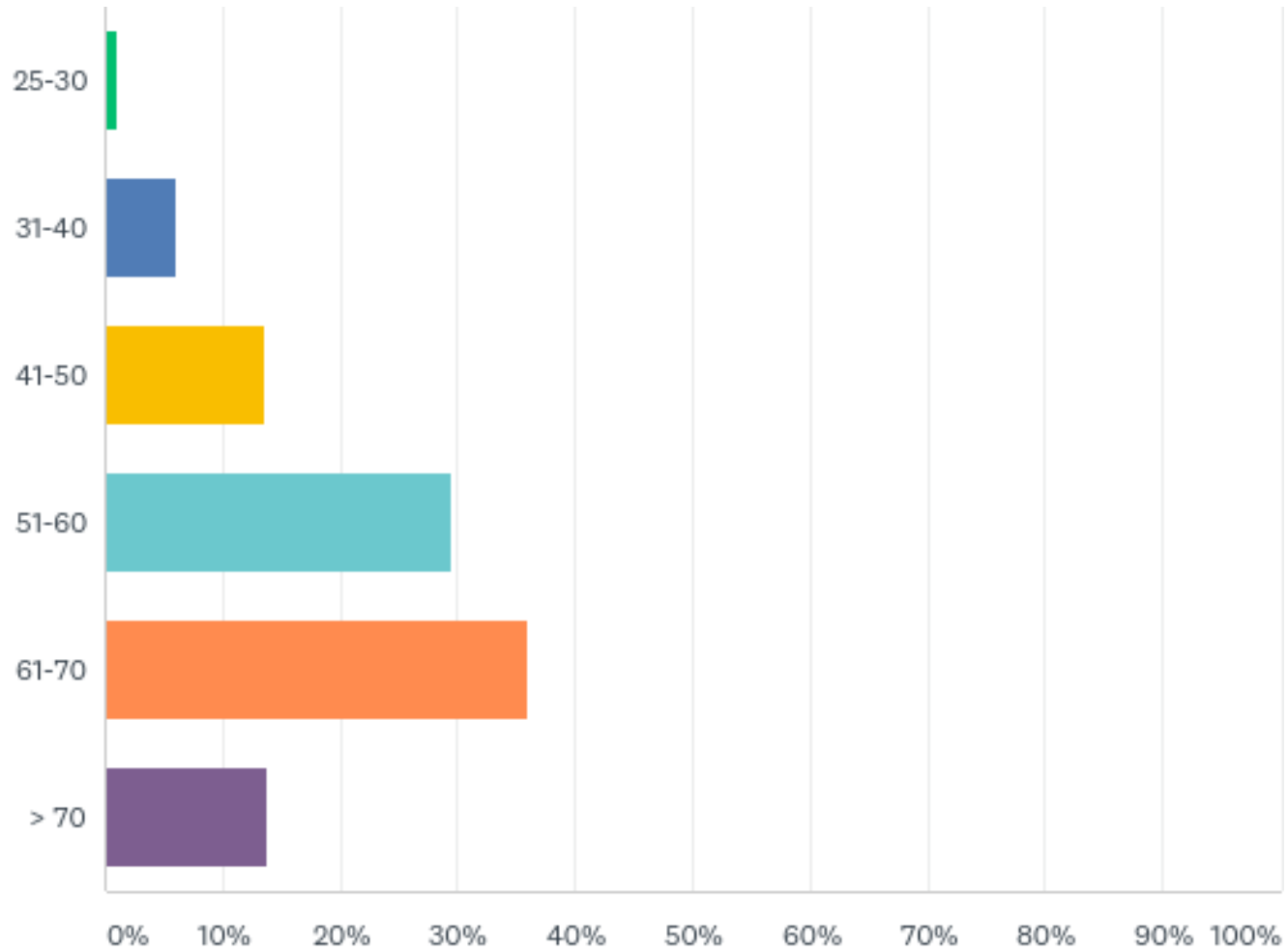
May, 2018

19,679 Potential respondents contacted by e-mail

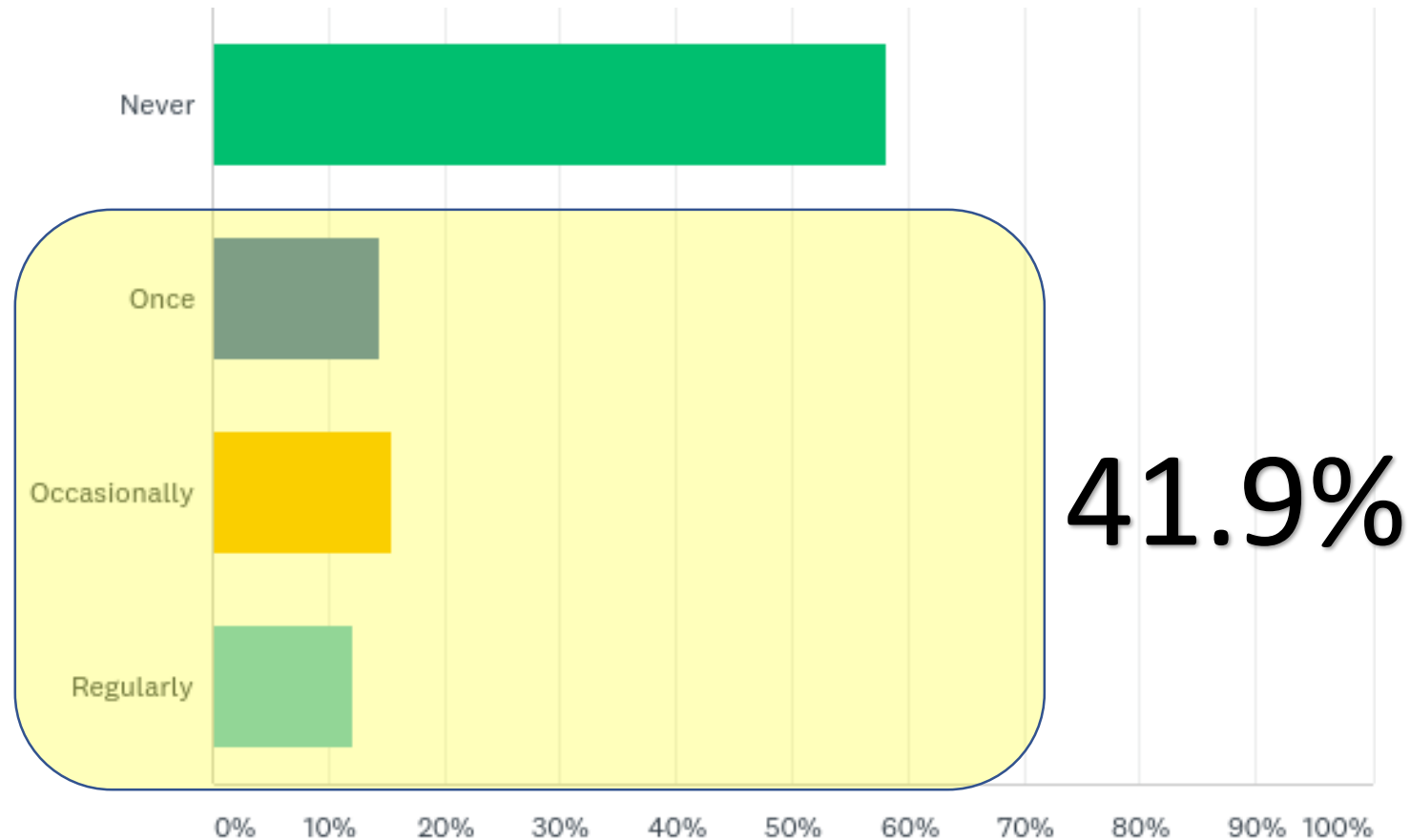
1,295 Total responses (6.6%)

Q: Your age is

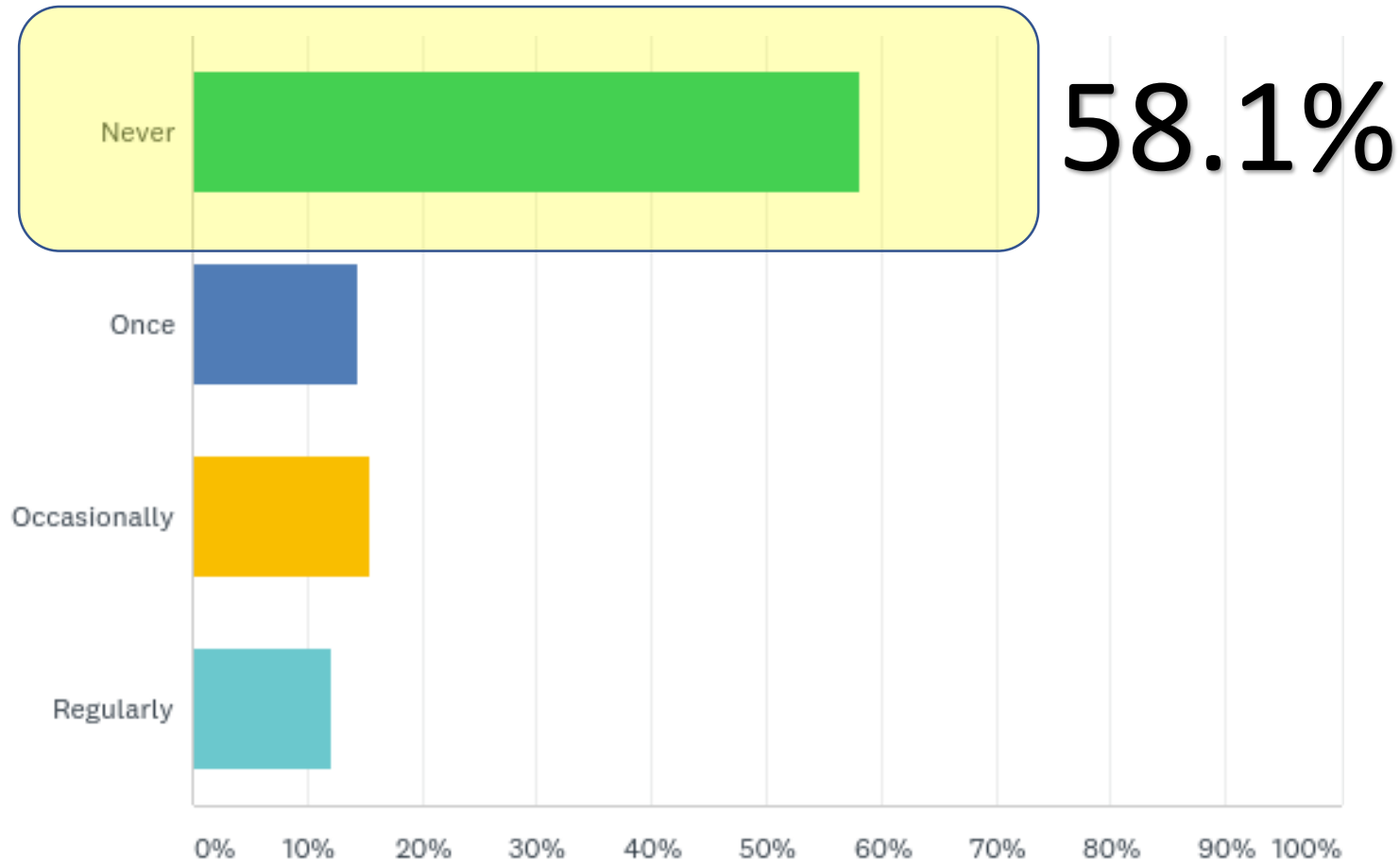
79.2% age 51+



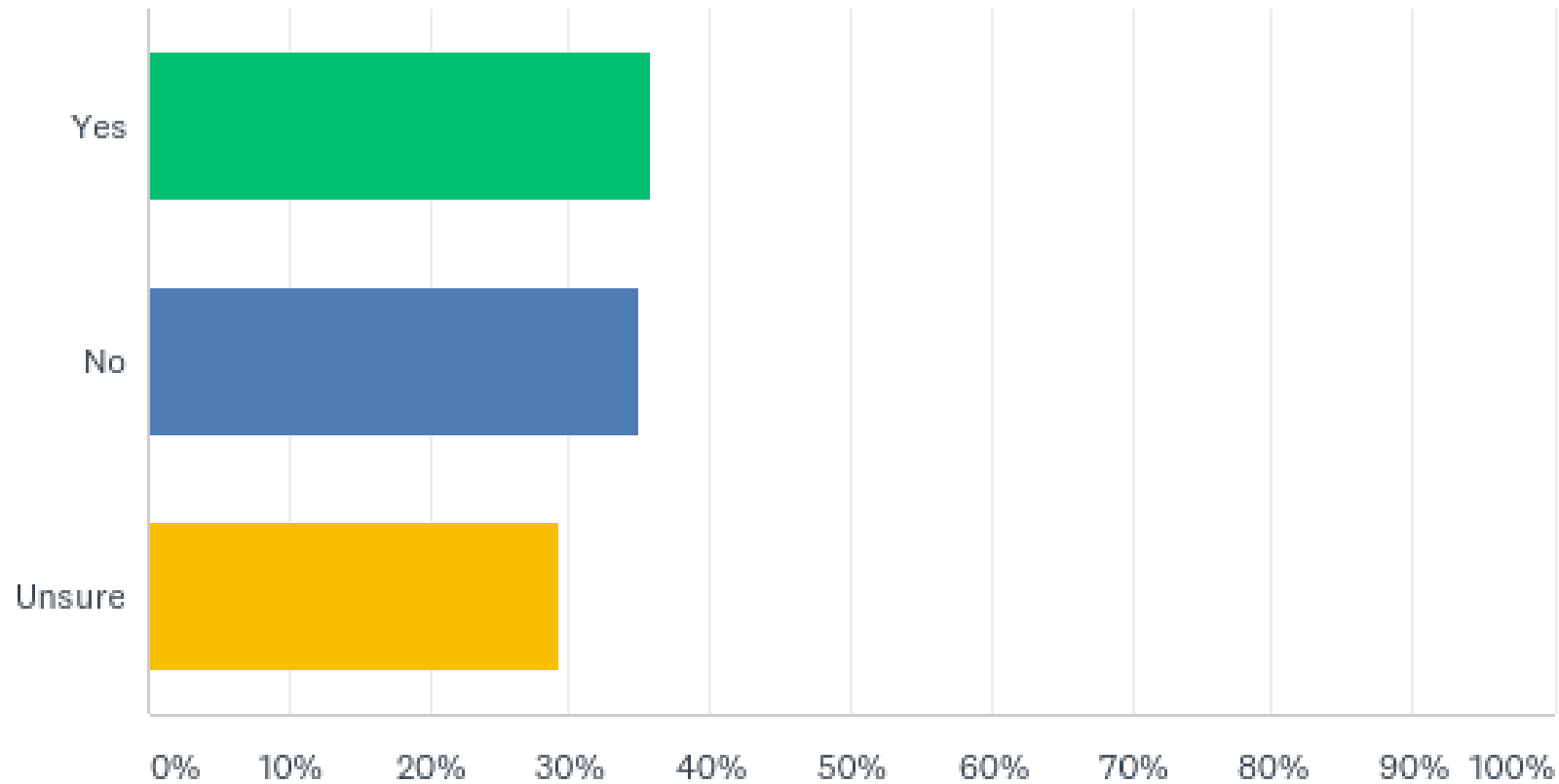
Q: Have you participated in volunteer dental activities outside of the U.S.?



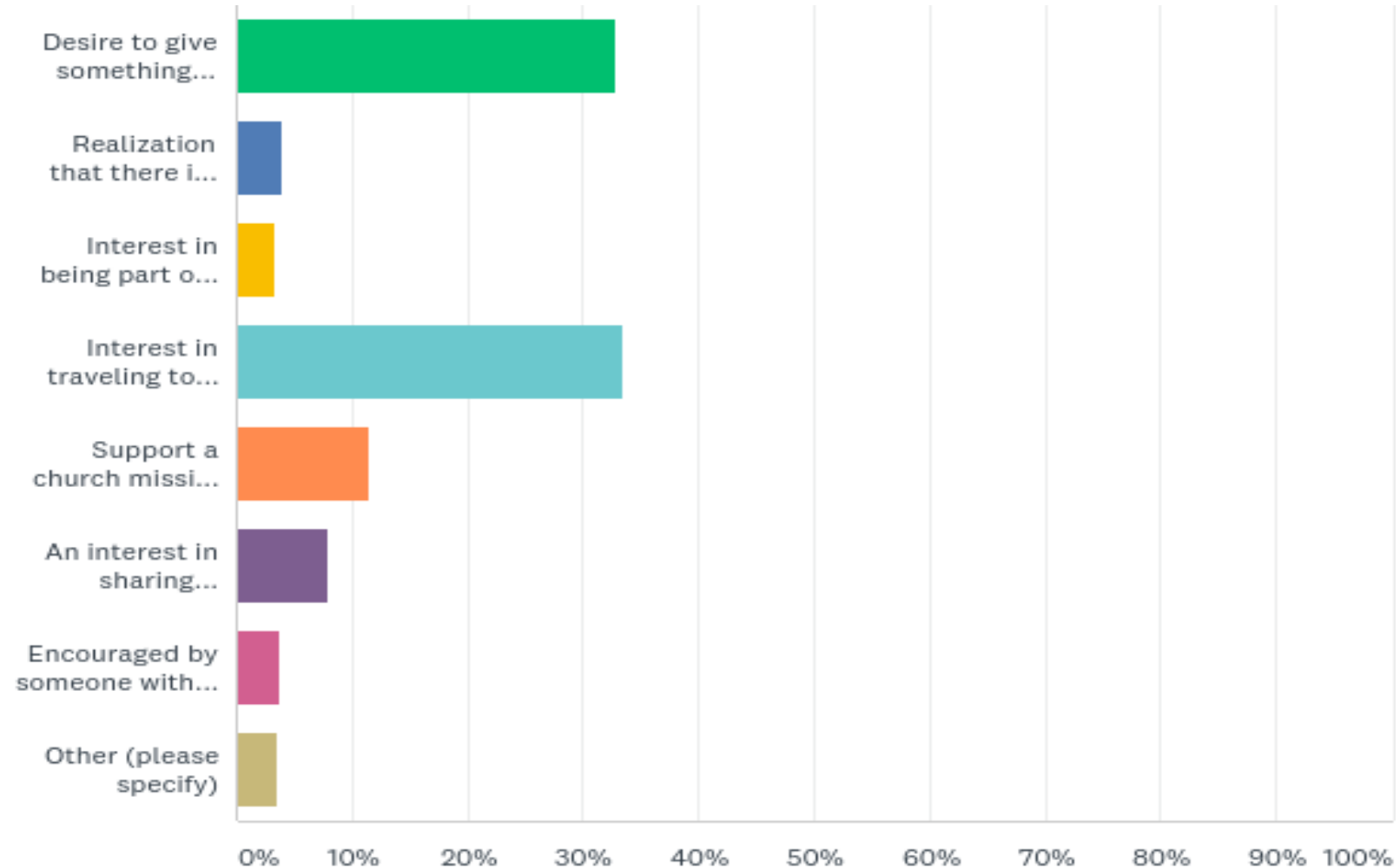
Q: Have you participated in volunteer dental activities outside of the U.S.?



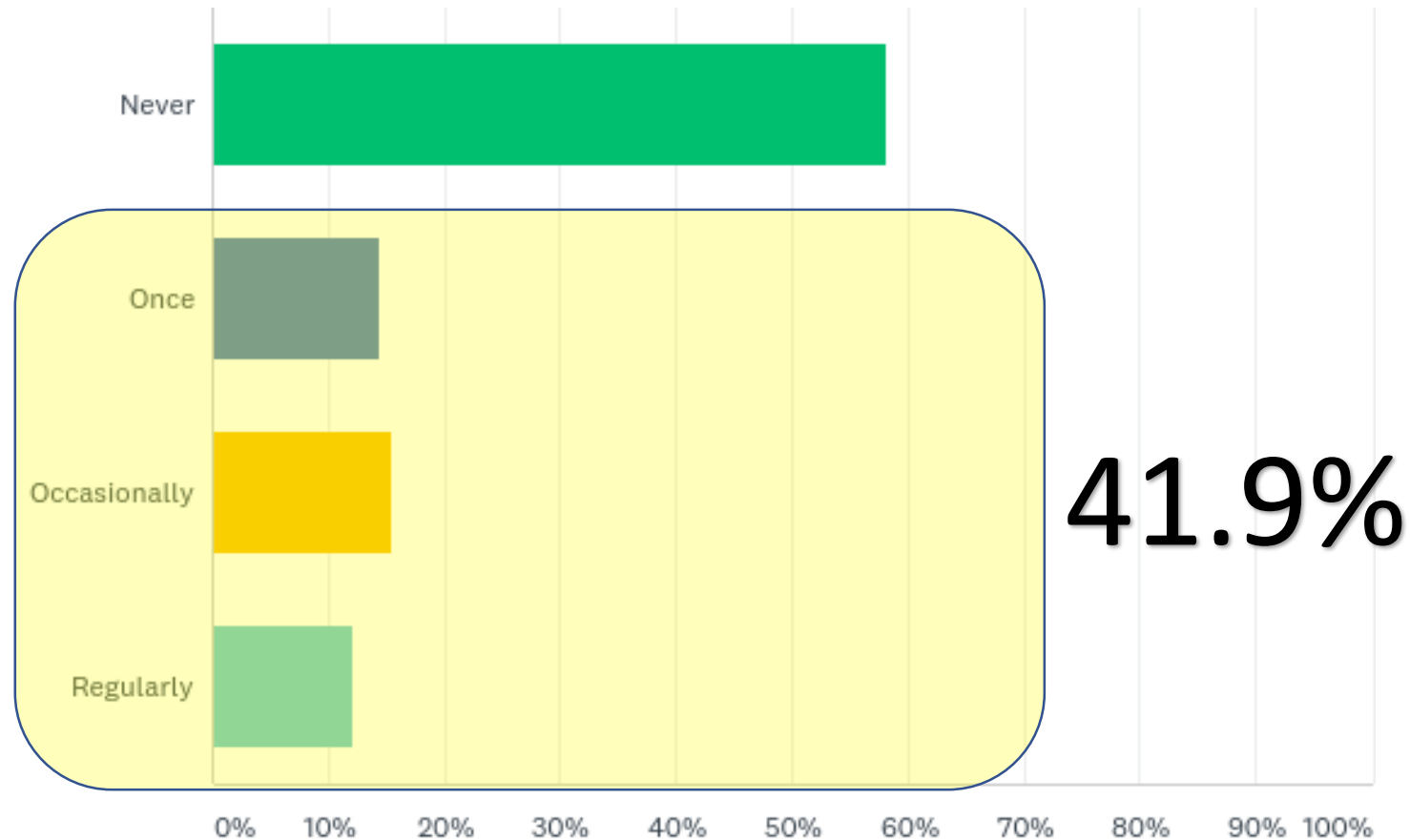
Q: Are you interested in performing volunteer dental activities outside of the U.S.?



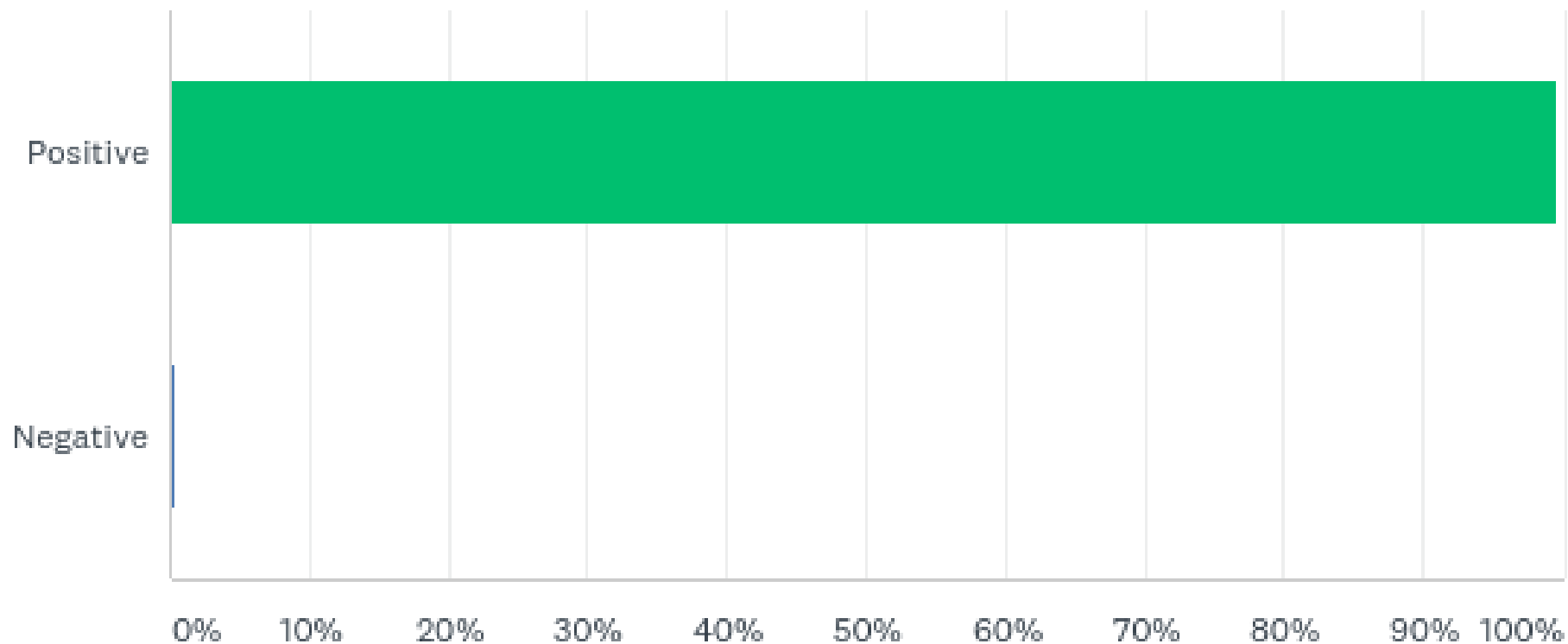
Q: Why might you be interested in performing volunteer dental activities outside of the U.S.?



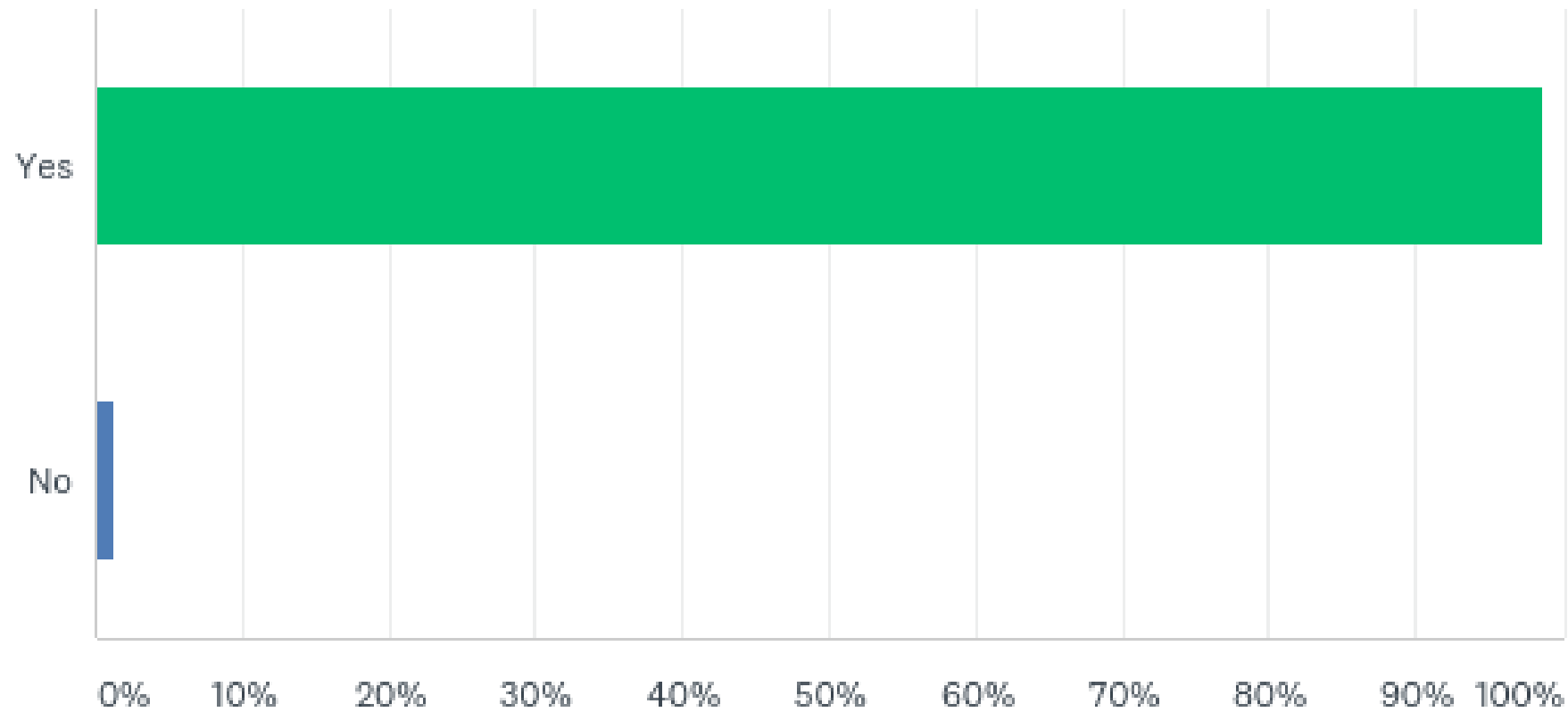
Q: Have you participated in volunteer dental activities outside of the U.S.?



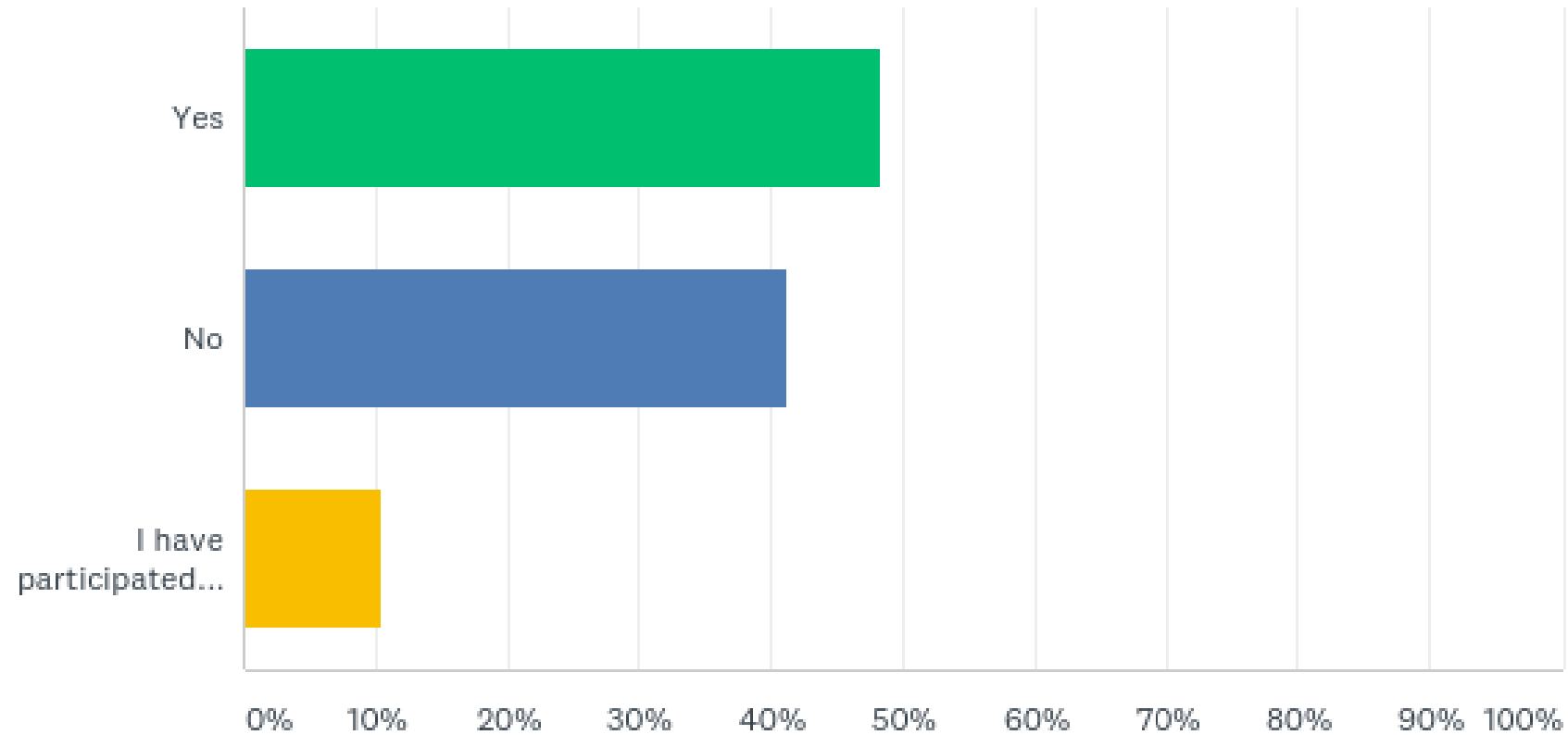
Q: Has/have your international volunteer experience(s) been positive or negative?



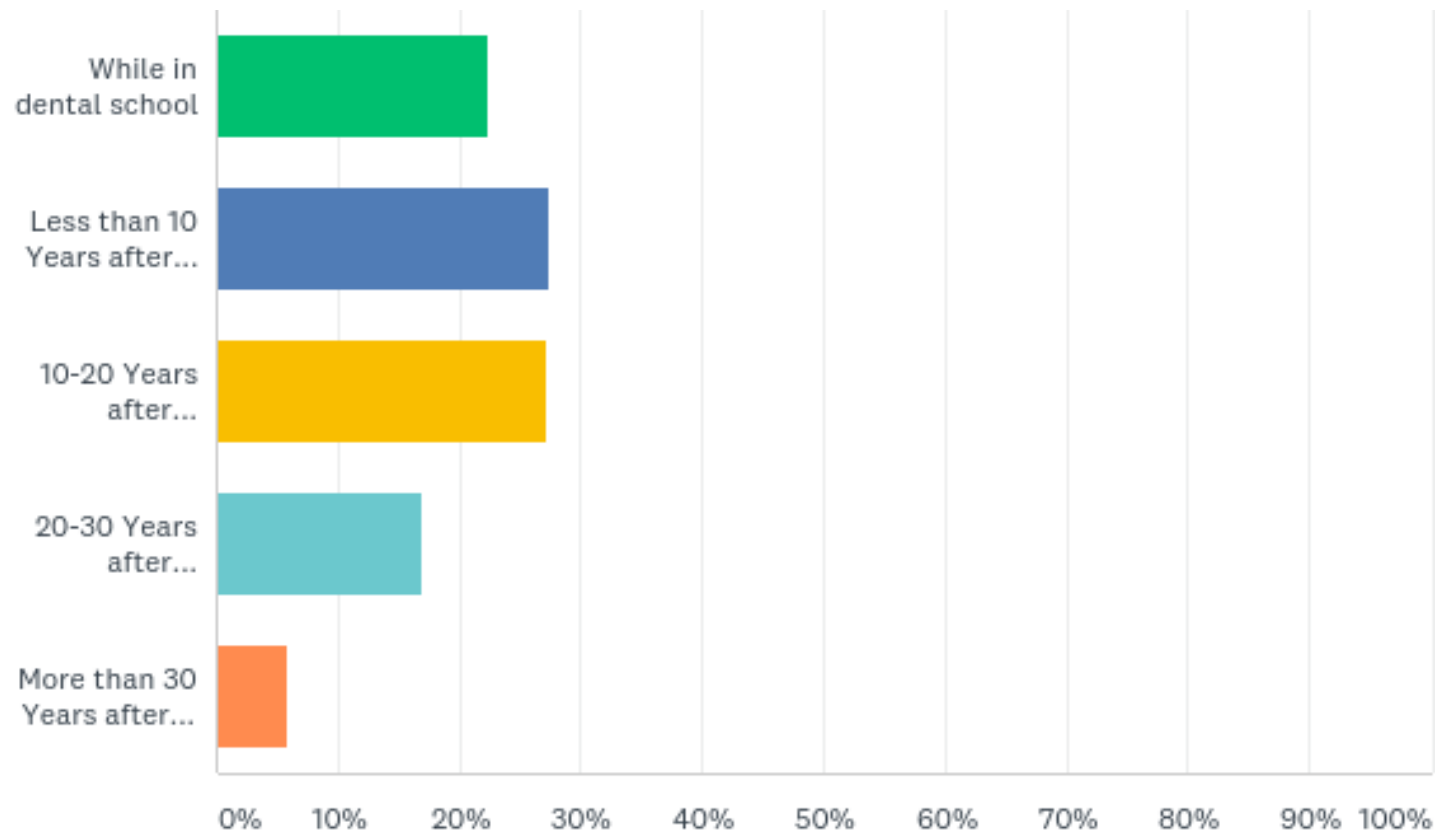
Q: Would you recommend this activity to other dentists?



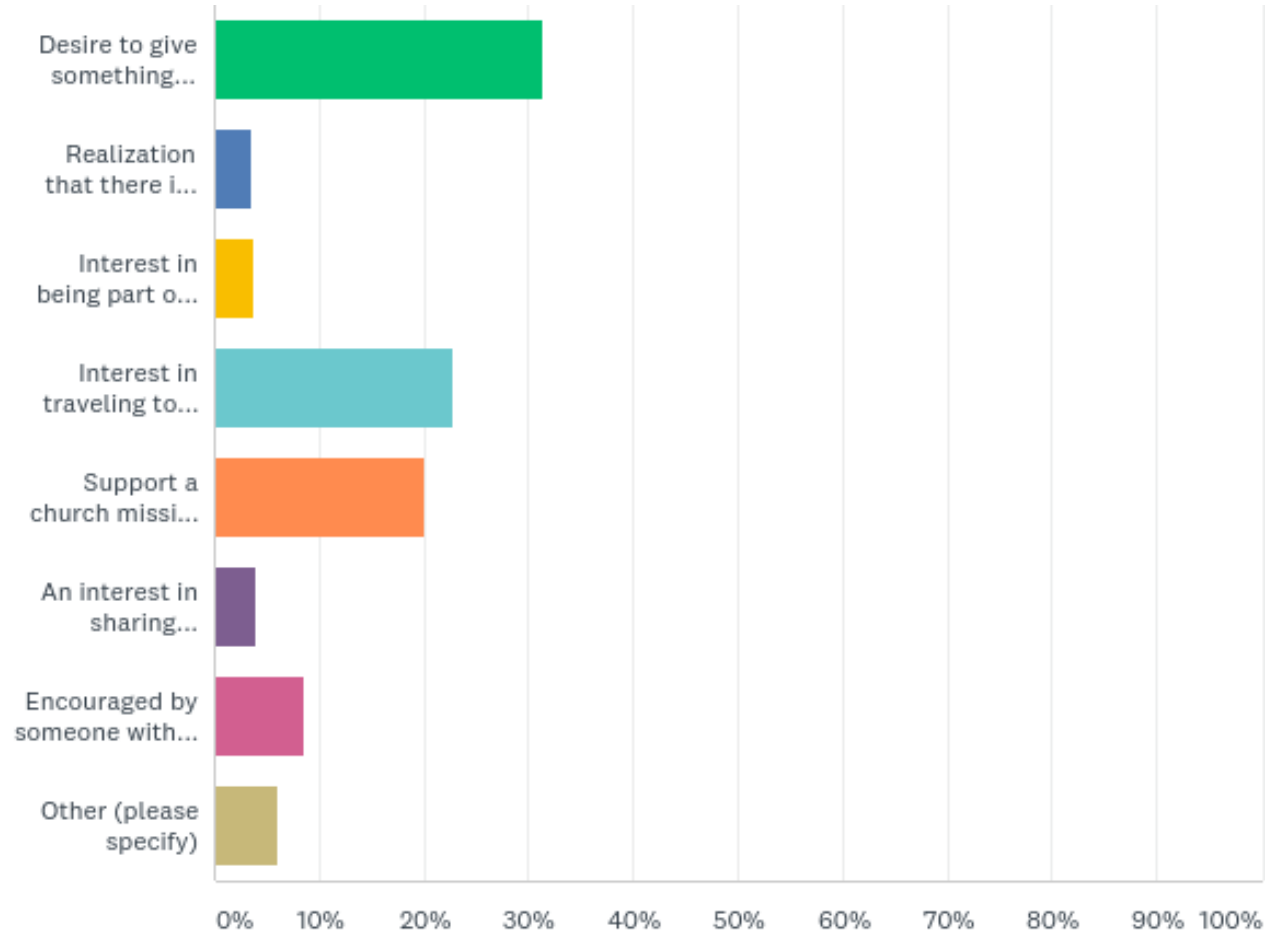
Q: Have you volunteered with a religiously-affiliated organization?



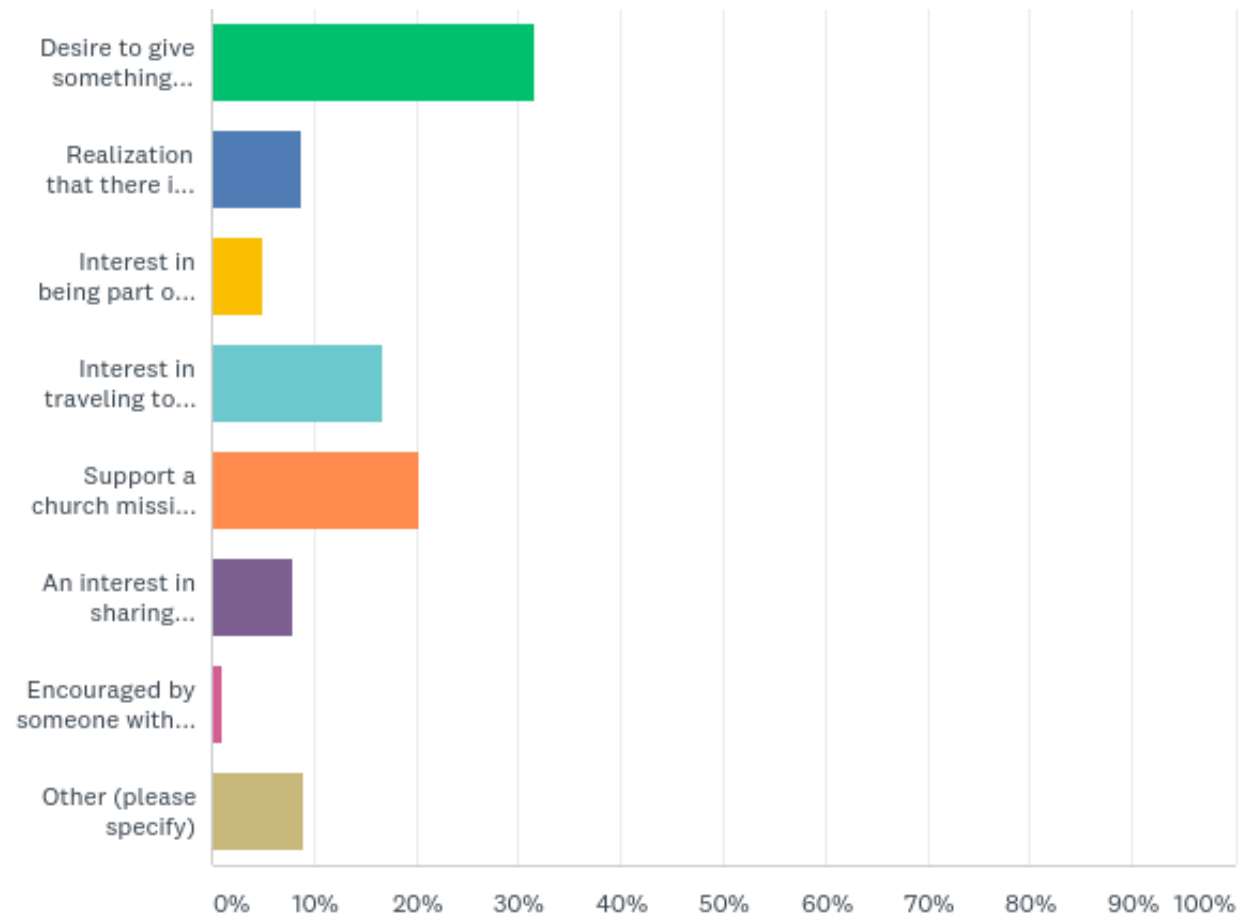
Q: When did you first participate in a volunteer dental activity outside of the U.S.?



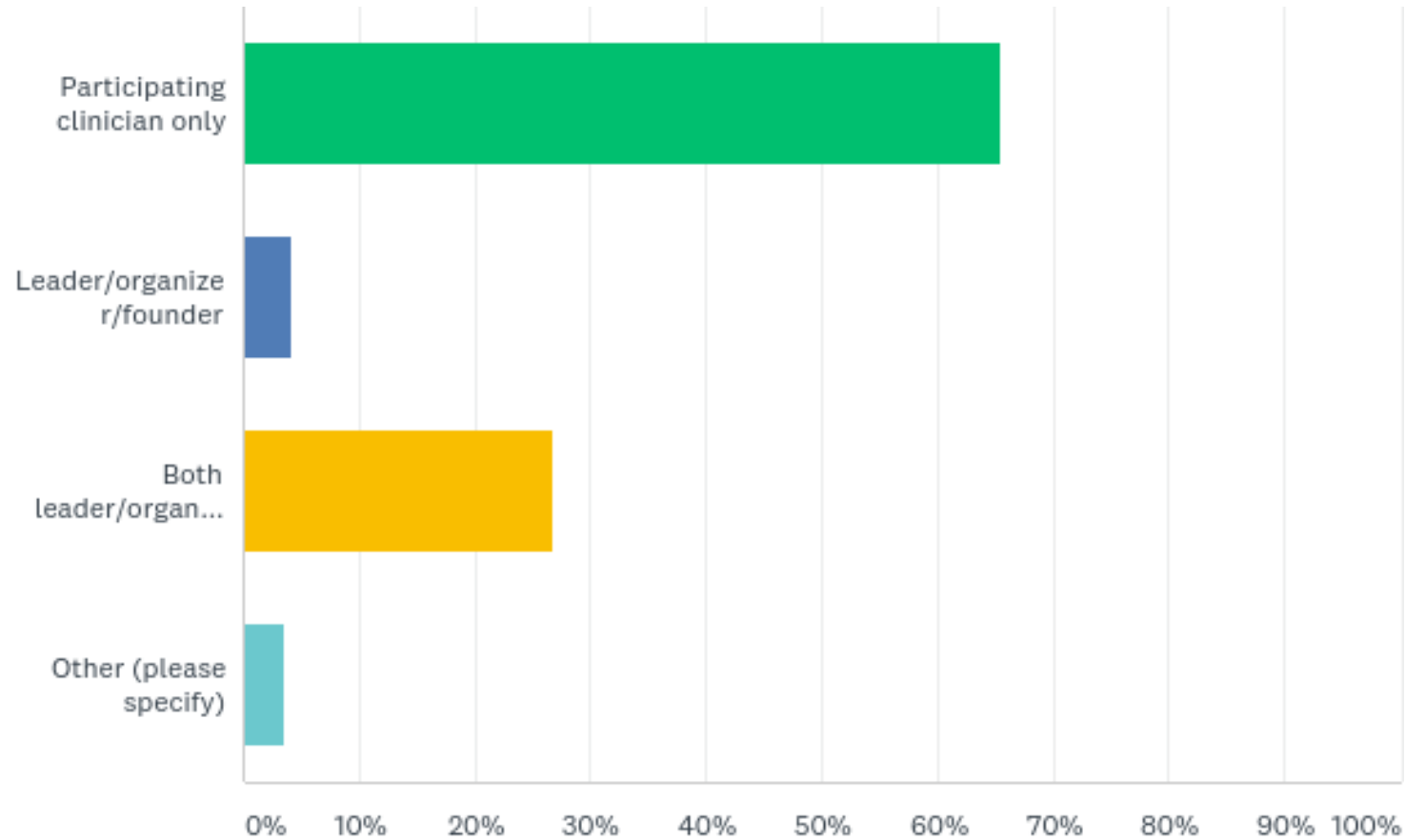
Q: What was your initial motivation to participate in a volunteer dental activity outside of the U.S.?



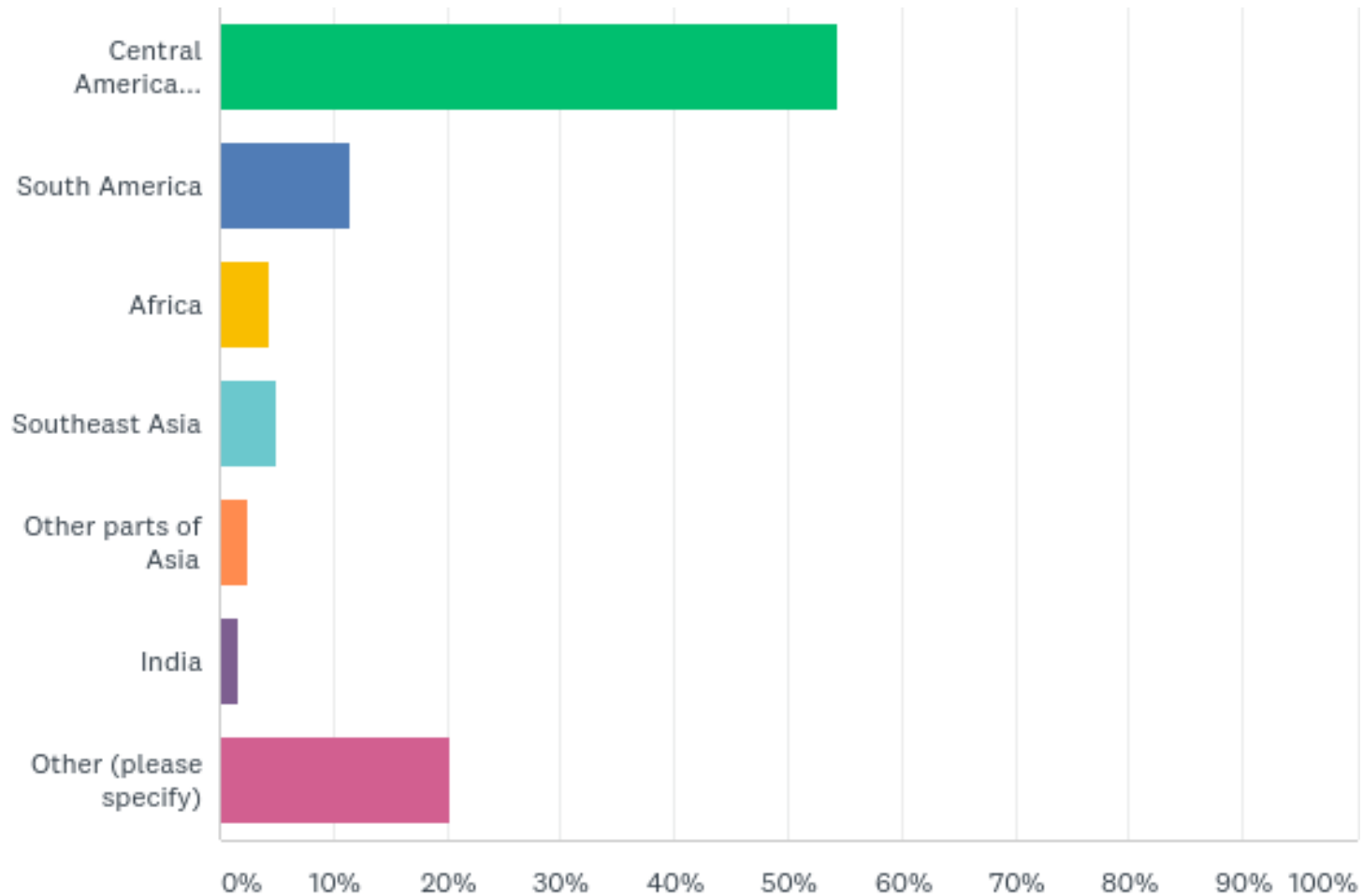
Q: What is your current motivation to participate in a volunteer dental activity outside of the U.S.?



Q: Have you been involved in international dental activities as:



Q: Where have you primarily volunteered?



How Can I Help?

While Millennials' social engagement has been well documented, their juniors in Generation Z are proving prolific caregivers. The generation that includes people born from the mid-'90s to the early 2000s (and comprising more than a quarter of the U.S. population) are more interested in being actively engaged in the humanitarian causes they support than just providing a donation - a bright omen for the future of volunteerism.

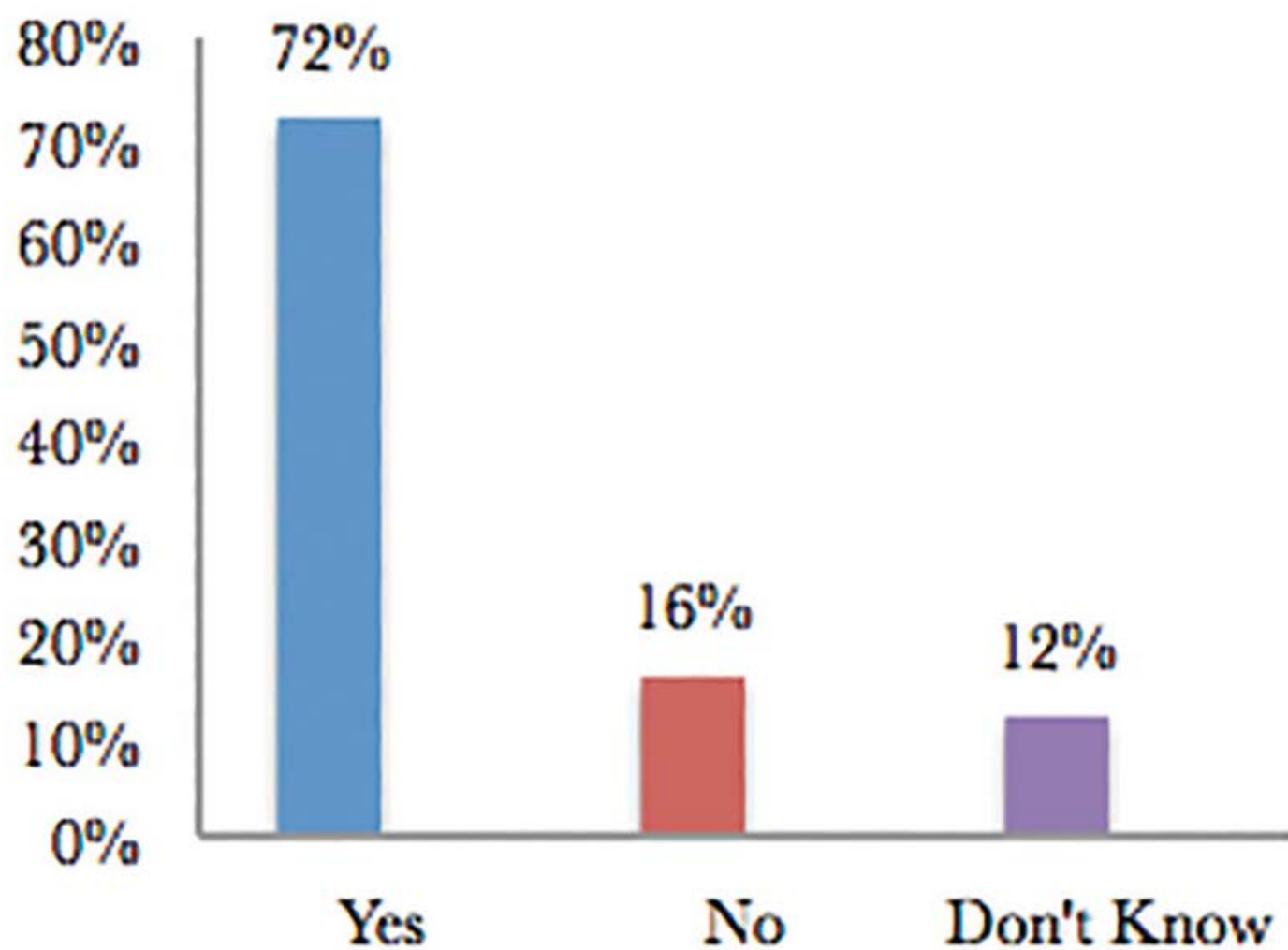
Sehult M. How Can I Help? There's no shortage of answers in the 21st-century world of volunteering. Mensa Bulletin. August 2018. 20-2.

A National Survey of U.S. Dental Students' Experiences with International Service Trips

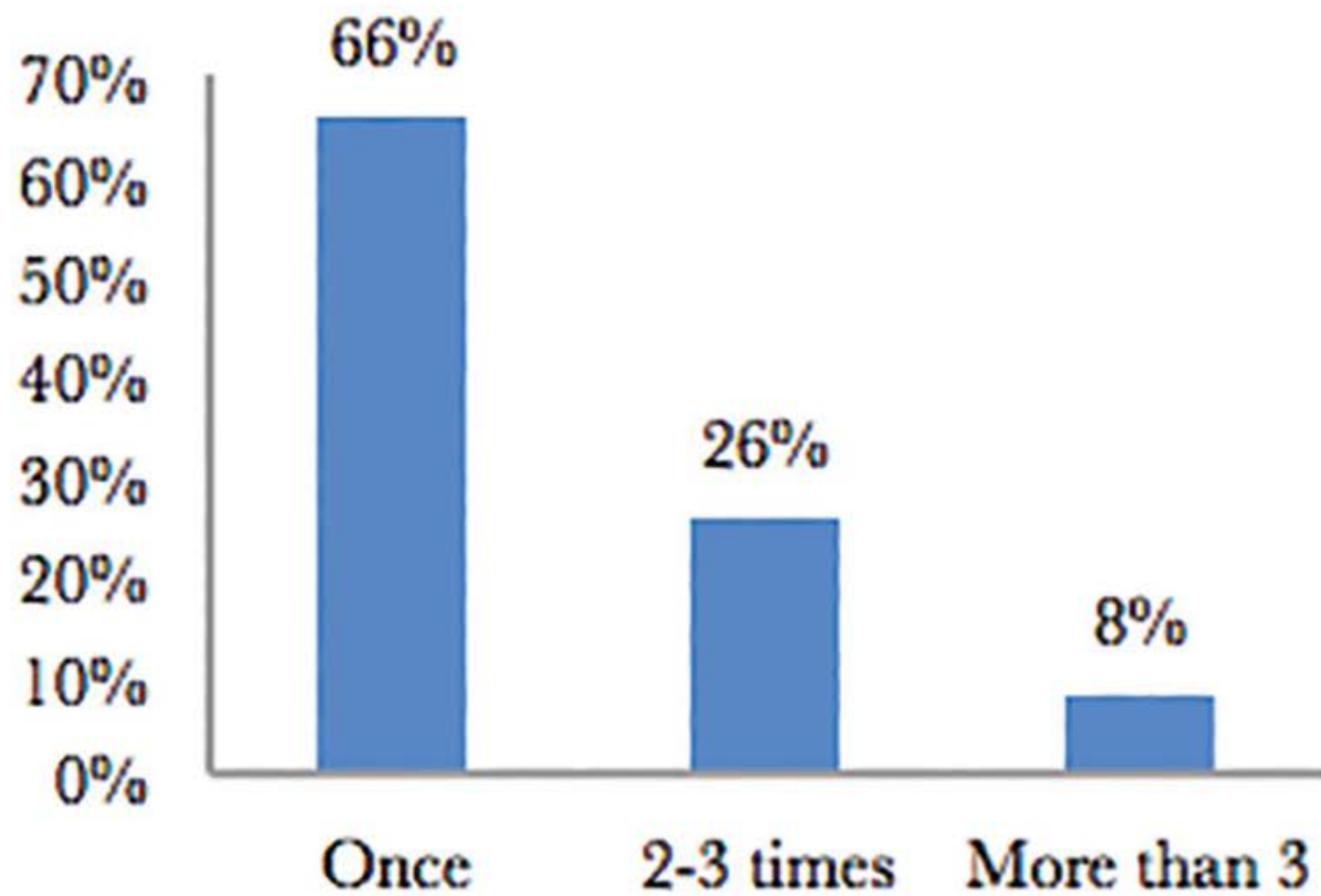
R. Frederick Lambert, MA; Chloe A. Wong, BA; Karl F. Woodmansey, DDS, MA; Brianna Rowland, MBA; Steven O. Horne, MBA; Brittany Seymour, DDS, MPH

- A 12-question web-based survey was distributed in May, 2017, to 22,930 students enrolled in U.S. dental schools.
- A total of 1,555 students responded, for a response rate of 7%.
- Respondents were evenly distributed across the four academic years.
- Approximately 22% (n=342) of the respondents had already participated in a service trip experience.
- 83% reported interest in a service trip while in school.
- 92% were interested after graduation.
- Reported motivations for international trips included the desire to care for the underserved and to obtain a more global view of health and disease.

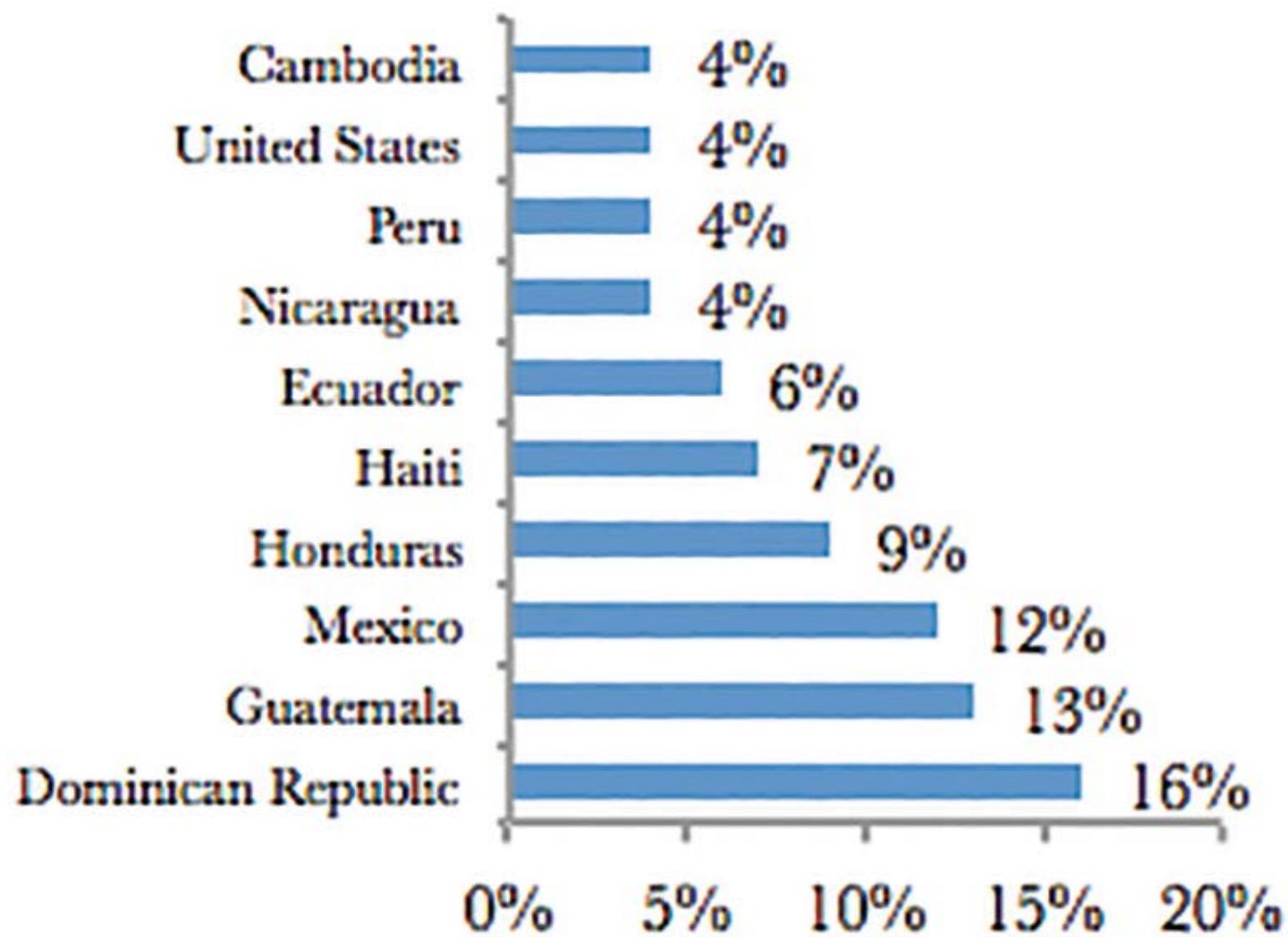
Does your dental school offer international dental services trips?



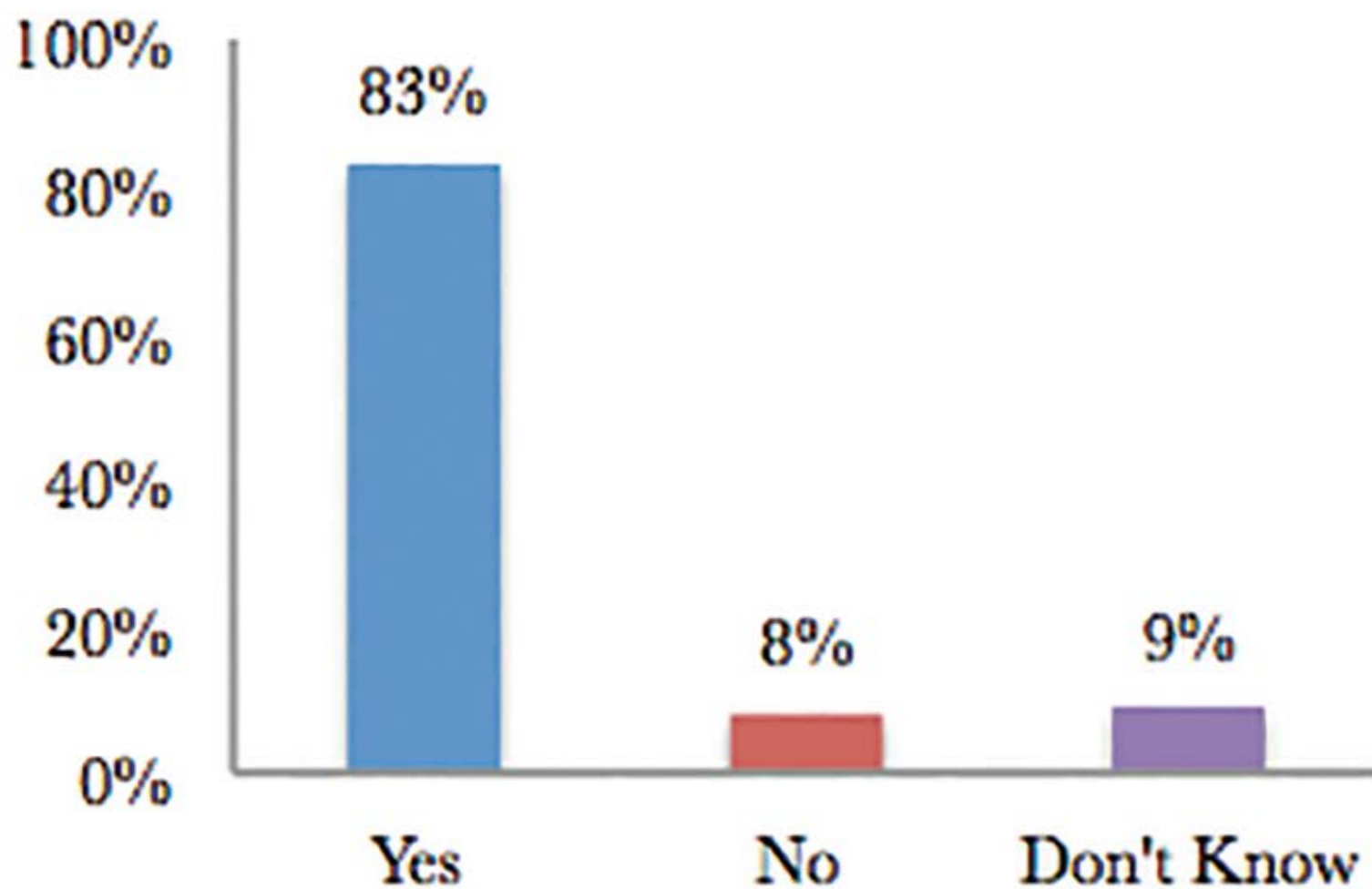
How many times have you participated in an international dental services trip?



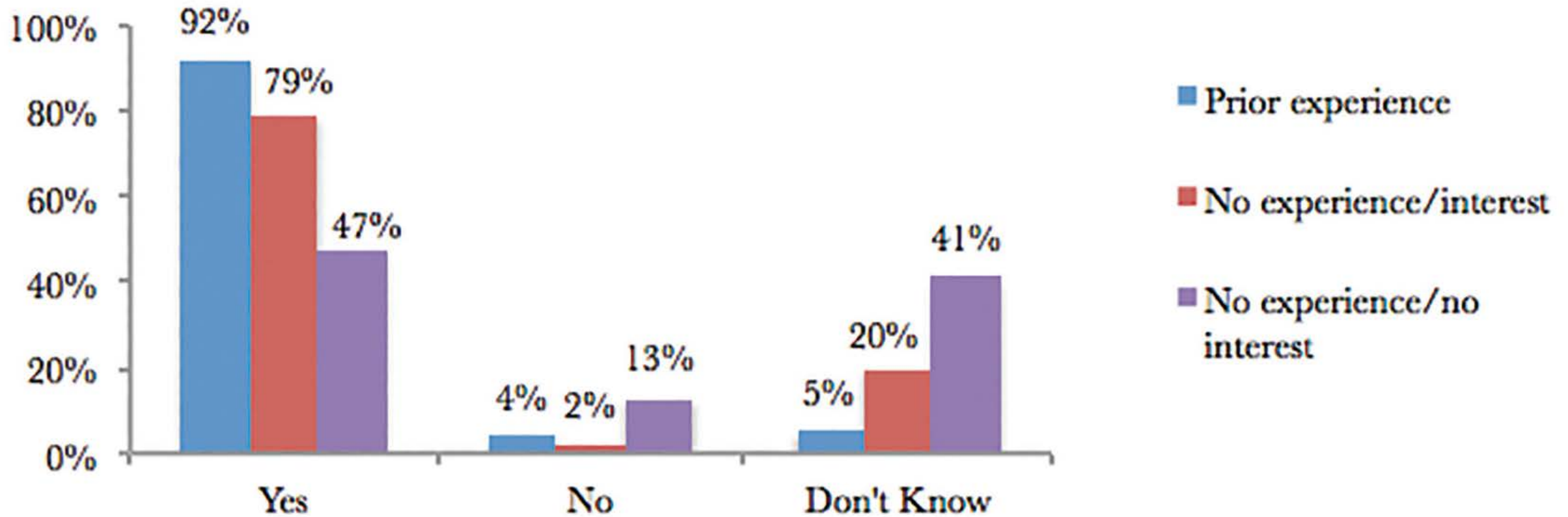
Top 10 countries for reported service trips



Are you interested in participating in a future international dental services trip while in school?

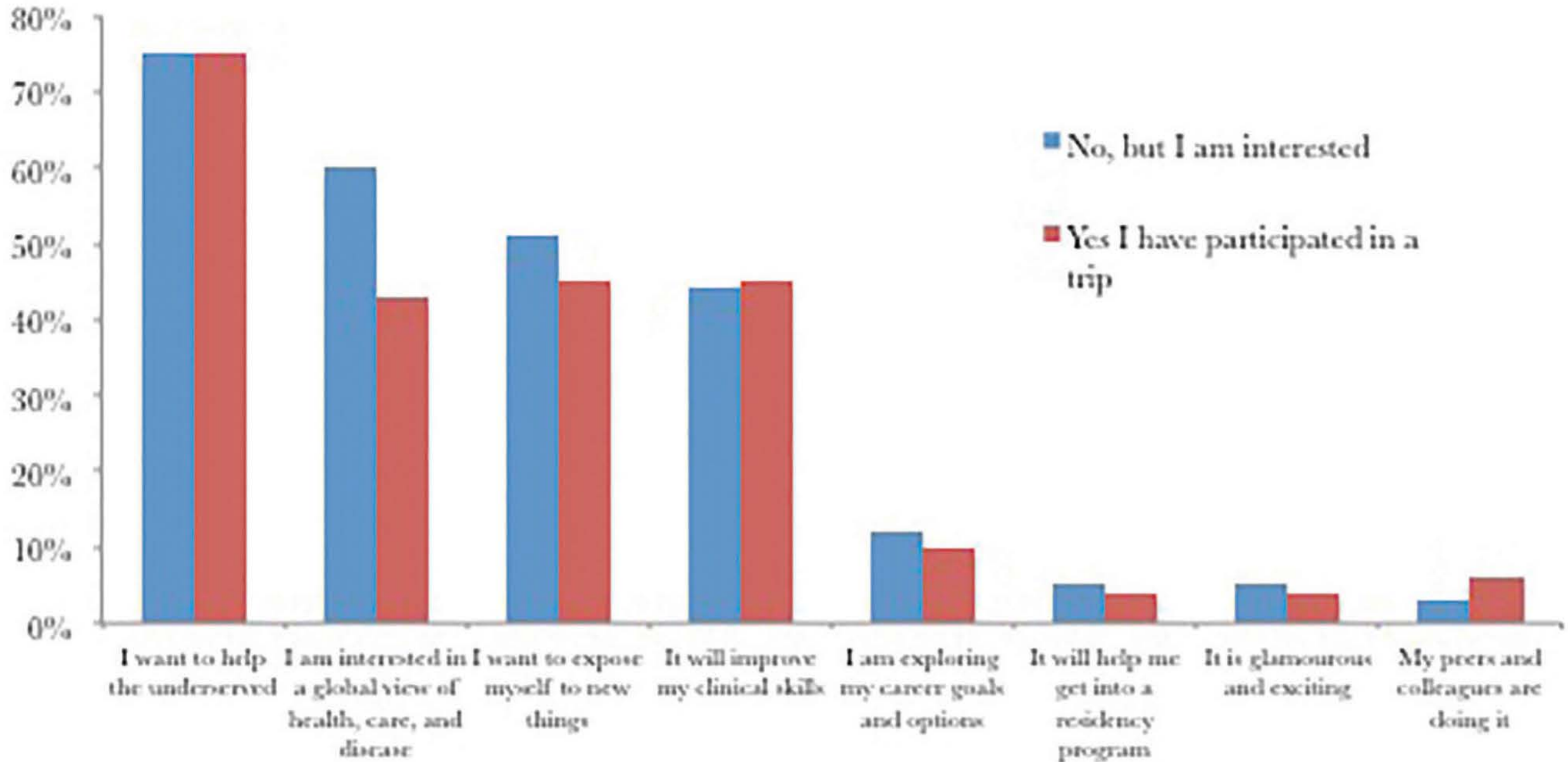


Do you plan to participate in an international dental services trip after dental school?



Students' participation in international service trips, by percentage of respondents to each question (N=1,555)

WHY DO THEY VOLUNTEER?



International Volunteer Programs for Dental Students: Results of 2009 and 2016 Surveys of U.S. Dental Schools

**Karl F. Woodmansey, DDS, MA; Briana Rowland, MBA; Steve Horne, MBA;
Francis G. Serio, DMD, MS, MBA**

Woodmansey KF, Rowland B, Serio FG. Dental student international experience programs: results of 2009 and 2016 surveys of U.S. dental schools. J Dent Ed. 2017;81(2):135-9.

- Web-based surveys were conducted in 2009 and 2016 via invitations emailed to the deans of all U.S. dental schools.
- In 2009, 81% of dental school deans responded to the survey. In 2016, 75% of dental school deans responded.
- From 2009 to 2016, the number of schools reporting dental student international experiences increased from 25 to 31 (11.5%) increase.
- In 2016, 65% of responding schools offered dental student international experiences.
- The number of deans reporting their students' participation in international opportunities *not* officially sanctioned by the school decreased from 41 to 34.

Table 4. Number of international trips organized yearly at responding schools

	2009		2016	
Number	Number	%	Number	%
1-2	12	50%	10	40%
3-5	7	29%	8	32%
More than 5	5	21%	7	28%
Total*	24	100%	25	100%

* Not all schools responded to this question

Question	2009			2016		
	Yes (%)	No (%)	Total N	Yes (%)	No (%)	Total N
Are dental students offered educational/clinical credits for participation after volunteering?	15 (60%)	10 (40%)	25	7 (27%)	19 (73%)	26
Are students in your school's volunteer programs supervised on-site in the foreign countries by a faculty member?	23 (92%)	2 (8%)	25	25 (96%)	1 (4%)	26
Is there a language requirement for students to participate in any of your school's volunteer trips?	0	25 (100%)	25	24 (92%)	2 (8%)	26
Are students provided accommodations on the volunteer trips?	20 (80%)	5 (20%)	25	23 (88%)	3 (12%)	26
Are there any combined courses taught simultaneously via the web or distance learning programs between your school and the partner institution?	1 (4%)	23 (96%)	24	1 (13%)	7 (87%)	8
Are any of your international volunteer programs open to students from other dental schools?	8 (33%)	16 (67%)	24	8 (25%)	24 (75%)	32
Does your school partner with other organizations or institutions to manage the international volunteer programs?	17 (71%)	8 (29%)	24	22 (67%)	11 (33%)	33

Summary of the Data:

- 42% of U.S. dentists have participated in international dental activities.
- 22% of U.S. dental students have participated in international dental activities.
- 65% of U.S. dental schools offer international dental experiences for their dental students (an 11.5% increase since 2009)



Health Volunteers Overseas
Transforming Lives Through Education

Health Volunteers Overseas (HVO)

<https://hvousa.org/get-involved/programs/oral-health/>



Haiti / Nepal / Laos / Peru / Tanzania














Separated files
Mirrors
The Dean's wife...





Dr. F

P.O. Box 75083
Dar es Salaam
Tanzania.





Tanzania



Case Report

Upon visual examination, a hard, calcified mass was obvious in the anterior floor of the mouth. The mass fully covered the mandibular incisor teeth, prevented full closure of the lips at repose, dislocated the tongue from its natural rest position and interfered with speech. The curved shape of the mass resembled a butterflyed shrimp. The thinner portion covered the mandibular anterior teeth, with the bulk of the specimen lying in the anterior floor of the mouth lingual to the mandibular anterior teeth.



Giant Calculus: Review and Report of a Case

Abstract

Dental calculus is a common oral finding. The term giant calculus is used to describe unusually large deposits of dental calculus. Several extreme cases have been reported in the dental literature. The specific etiology of these cases remains uncertain.

Case Report

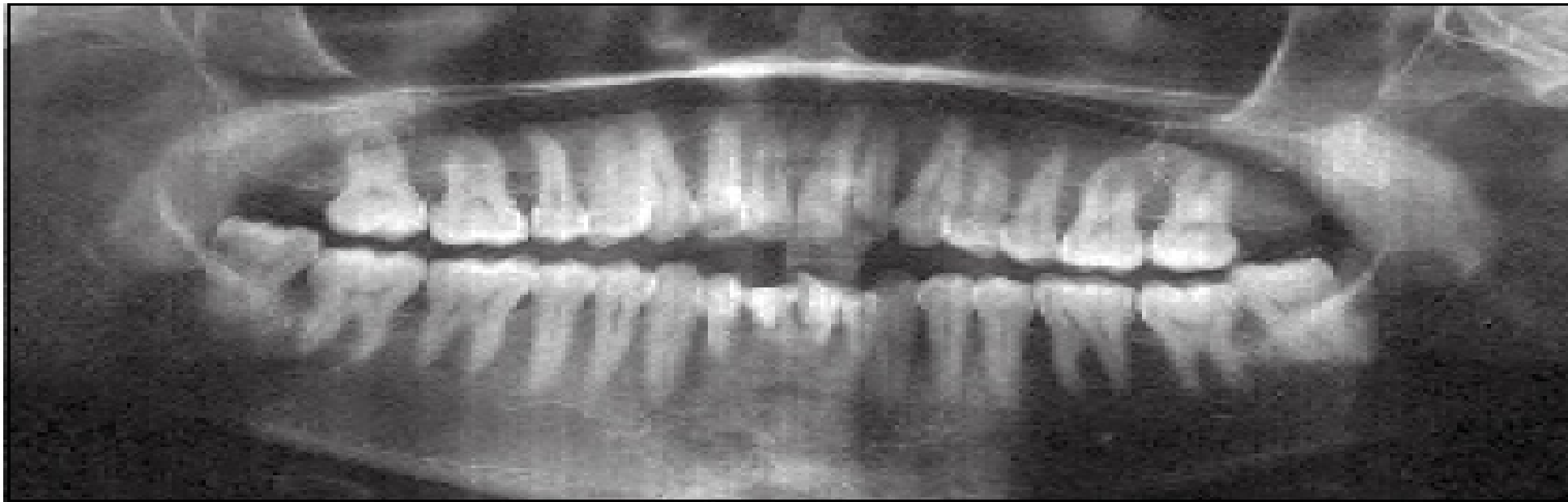
A 53-year-old male presented to the Muhimbili School of Dentistry in Dar Es Salaam, Tanzania, with a chief complaint of a hard growth inside his mouth for the past 3 years. At the screening examination, an osseous tumor was suspected and the patient was referred to the Department of Periodontology for further evaluation.

The patient had no reported medical conditions and was not receiving any medications. He reported having been to a dentist only once previously, to have his teeth cleaned. Regarding his personal oral hygiene practices, he reported brushing his teeth twice daily with a plastic toothbrush. His initial plaque score was 97.9%; gingival bleeding score was 91.7%; calculus score of maxillary teeth was 98.7%; calculus score of mandibular teeth was 91.7%. Periodontally, the lower incisors had probings of more than 3 mm, with Class 3 mobility.

Giant Calculus: Review and Report of a Case

Treatment:

After examination, the possibility of an osseous tumor was discounted and the mass was diagnosed as a giant calculus. With careful manipulation, the mass was removed *in toto*. The mucosa underlying the calculus was erythematous and inflamed. After removal of the calculus, a panoramic radiograph was obtained. Radiographically, the mandibular incisors appeared to have significant external apical root resorption, especially in the central incisors.



Giant Calculus: Review and Report of a Case

Treatment:

After drying, the specimen weighed 12.5 grams. Macroscopically, the giant calculus specimen measured 4.5 cm long and 3.25 cm wide with a thickness of approximately 1 cm. The dried specimen was fragile and chalky in consistency, with obvious porosities and a pale yellow color. A radiograph of the removed specimen did not reveal any unusual inclusions and suggests the incremental layering of dental calculus deposition.



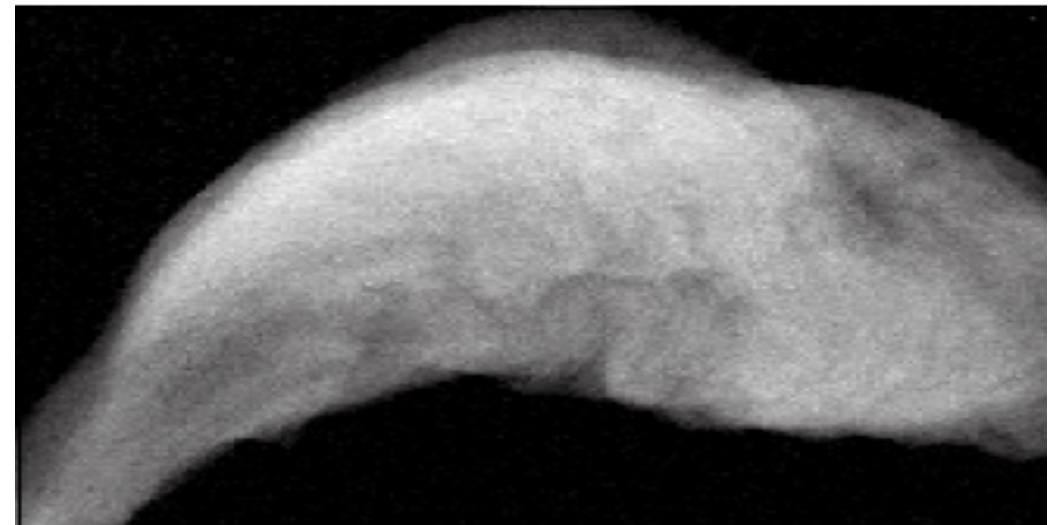
Giant Calculus: Review and Report of a Case

Treatment:

After drying, the specimen weighed 12.5 grams. Macroscopically, it was 4.5 cm long and 3.25 cm wide with a thickness of approximately 1 cm. The specimen was yellowish-brown with obvious porosities and a pale yellow color. A radiograph showed radiopaque inclusions and suggests the incremental layering of dental calculus.



long
ency,
usual



Giant Calculus: Review and Report of a Case

Treatment:

The patient received complete debridement of all dental calculus, was counseled regarding personal oral hygiene practices, and recovered uneventfully. At the re-evaluation appointment, the plaque score was reduced to 15.5% and the gingival bleeding score was 13.3%.

Giant Calculus: Review and Report of a Case

Discussion

Deposits of dental calculus are common intraoral findings. However, calculus deposits rarely accumulate to extreme dimensions. Thirteen cases of calculus of varying extreme dimensions have been reported in the dental literature. The specific etiologies of these cases remain uncertain.

Minoru et al first used the term *giant calculus* in 2004 to describe an unusually large deposit of dental calculus. In 1726, Pierre Fauchard may have published the first case report of a giant calculus in *Le Chirurgien Dentiste on Traite des Dents*. He described a mandibular molar completely encased in calculus. The mass of calculus was approximately 20 times the size of the tooth itself.

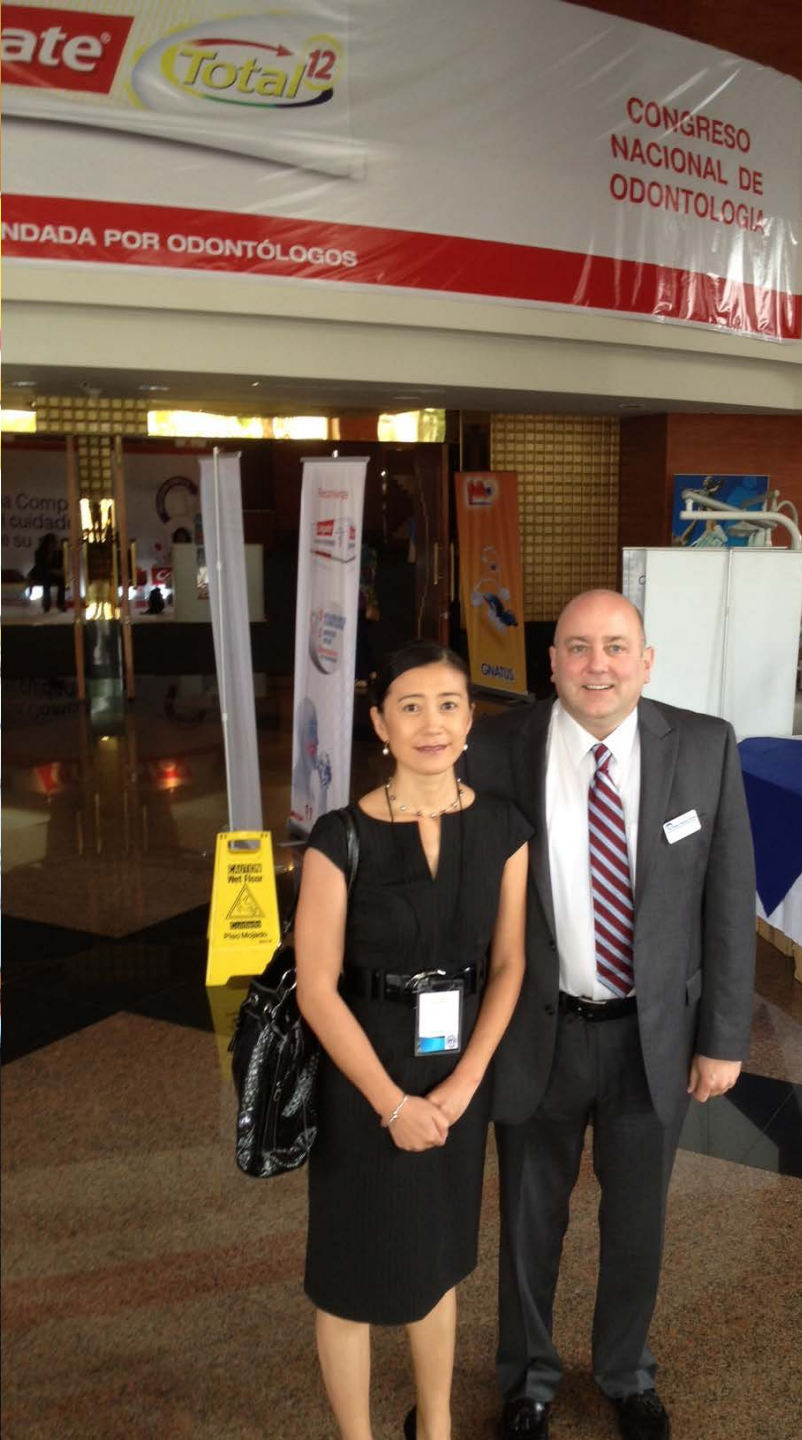
The case presented here shares similarities with several previously reported cases, in that a single localized massive calculus was removed intact. Other authors have reported cases with generalized heavy calculus deposition covering many teeth. In both this case and several other reported cases of giant calculus, the calculus was initially suspected of being of neoplastic origin. Additionally, in both this and other reported cases, the calculus was of a size and position sufficient to impair normal oral functioning.

In the case reported by Chuong & Starns, a radiograph of the specimen showed a mandibular lateral incisor completely embedded in the calculus. Other reported cases had giant calculi with periodontally diseased teeth covered with such a great amount of calculus that the removal of the calculus resulted in removal of the teeth. With this case, the natural dentition was preserved, despite the mobility and external apical root resorption.

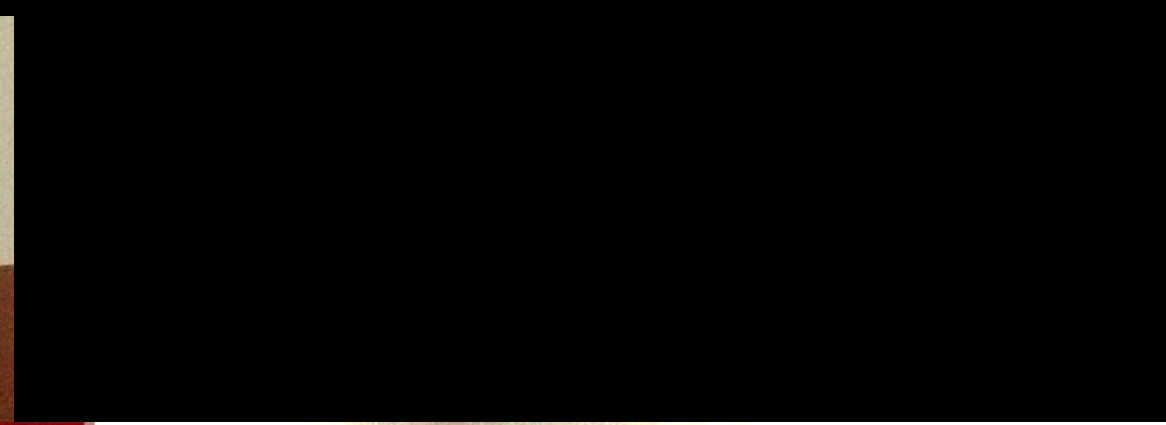
This patient was a 53-year-old male. Other reported cases have included 9 females ranging in age from 50 to 82, and 3 males ranging in age from 26 to 67. Our patient reported no medical conditions and took no medications. Patients in other reported cases were of similar good health. However, the patients of some reported cases had comorbidities, including carcinoma, diabetes, hypertension, anemia, polyserositis, malnutrition, congestive heart failure, and angina.

It was not determined whether the calculus played any causative role in the external apical resorption of the teeth to which it was attached. It seems plausible, however, that the torqueing forces of the giant calculus might have contributed to the resorption. It is surprising that the giant calculus did not break off by itself, with or without the attached incisors, or that the patient didn't break it free himself. Although the patient self-reported brushing his teeth twice daily, this claim may be exaggerated, considering the size of the calculus.

Woodmansey KF, Severine A, Lembariti BS. Giant calculus: review and report of a case. Gen Dent. 2013;61(3):e14-6.

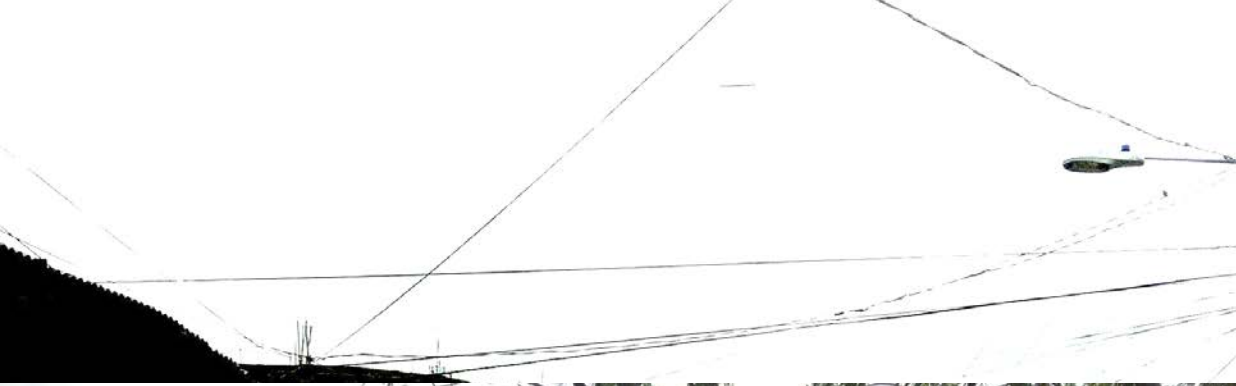






Translated Lecture











Health Volunteers Overseas
Transforming Lives Through Education

Health Volunteers Overseas (HVO)

<https://hvousa.org/get-involved/programs/oral-health/>



Haiti / Nepal / Laos / Peru / Tanzania



QUESTIONS?

**Life is a daring
adventure, or
nothing.**

- Helen Keller

Karl Woodmansey, D.D.S., M.A.