

Regional Residency Summit

Proudly Hosted by:



FEATURED SPEAKER

Dr. Maria Bender

Associate Program Director, Cooper
University Hospital Pediatric Dental Residency

FEATURED TOPIC:

Bridging the Gap: Cleft Team
Care Every Pediatric Dentist
Should Know



Scan to
RSVP

The Temple University Hospital and Cooper University Health Care Pediatric Dental Residency Programs invite you to join us for an afternoon of education & networking for pediatric dental residents & program directors.



YARDS TAPROOM

500 Spring Garden Street
Philadelphia, PA 19123



SUNDAY

October 11, 2026
12:30 - 3:30 PM

Proudly Sponsored by:



COURSE DESCRIPTION:

Learn to confidently manage patients with cleft lip and palate as part of an interdisciplinary craniofacial team, covering etiology, dental anomalies, preventive and restorative care, and treatment coordination with surgical milestones, reinforced through real-world case scenarios.

1.5 CE HOURS



Approved PACE Program Provider FAGD/MAGD Credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. 7/1/2026 to 6/30/2028.

Regional Residency Summit

Bridging the Gap:

Cleft Team Care Every Pediatric Dentist Should Know

OCTOBER 11, 2026, 12:30 - 3:30 PM, 1.5 CE HOURS

LEARNING OBJECTIVES

1. Upon completion of this course, participants will be able to:
2. Describe the embryological development of the lip and palate, including the critical timing of facial fusion events.
3. Explain the etiology and multifactorial risk factors (genetic, environmental, and syndromic vs. non-syndromic) associated with cleft lip and palate (CLP).
4. Classify types of clefts (unilateral vs. bilateral, complete vs. incomplete, cleft lip only, cleft palate only, and combined CLP) and describe their relative incidence.
5. Identify the dental anomalies associated with different types of orofacial clefts, including missing, malformed, or supernumerary teeth, enamel defects, and delayed eruption.
6. Describe the diagnostic methods pediatric dentists use to identify and document dental anomalies in craniofacial patients.
7. Identify the members of a craniofacial team (surgeon, orthodontist, speech-language pathologist, pediatric dentist, ENT, geneticist, and social worker) and describe the role each plays in patient care.
8. Explain how pediatric dentists become involved in, and contribute to, craniofacial team care.
9. Outline the typical timeline of surgical and interdisciplinary interventions from birth through adolescence, including lip repair, palate repair, alveolar bone grafting, and orthognathic surgery.
10. Describe preventive dental strategies for infants and children with CLP, including feeding considerations and early caries risk management.
11. Explain modifications to routine dental treatment – restorative care, hygiene protocols, and orthodontic referral timing – for patients with CLP.
12. Describe evidence-based approaches for treating early childhood caries at or near the cleft site.
13. Discuss the pediatric dentist's role in reinforcing oral hygiene and preventing caries around surgical sites and grafted areas.
14. Describe strategies for communicating and coordinating with the craniofacial team to align dental treatment timing with surgical milestones.
15. Apply course concepts to clinical case scenarios involving patients with cleft lip and/or palate.