

SYLLABUS

COURSE: CLIN 3015 Examination, Diagnosis, and Treatment Planning Clinic
SEMESTER: Fall/Spring/Summer
CREDIT HOURS: 3.0

REVISED: 2009
REPRINTED: 2009

COURSE DIRECTOR: Frederick I. Silverman, D.D.S.

GOAL

This clinical course deals with patient examination, diagnosis, and treatment planning. The course builds on the principles, knowledge and skills of patient evaluation learned in DENF 2704 Introduction to Clinic, CLIN 2501 Second Year Clinic, and CLIN 3012 Assessment Clinic.

When you have successfully completed the course, you will have established a foundation for competence in:

- Patient interview
- Review of medical history
- Examination/information gathering
- Evaluation of diagnostic findings regarding the general categories of dental related disease
- Formulation of diagnoses
- Recognition of treatment objectives
- Consultation
- Patient education, oral health risk assessment, and development of personalized prevention strategies
- Development of comprehensive, sequenced treatment plans
- Patient management

Specific objectives to be achieved in progressing towards competency are located in the section on Competencies.

CRITERIA TO ACHIEVE COMPETENCY

1. Diagnosis and Treatment Planning Clinic

Appointment Preparation

1. Students must report promptly to the clinic for their specified patient appointments dates (9:00 am for morning sessions and 1:00 pm for afternoon sessions).
2. Students must obtain all necessary instrumentation and materials needed for the patient's scheduled appointment.
3. **Students must review all appropriate information in the patient record in advance, and be prepared to answer questions about their patients.** Questions from the attending clinical faculty member may be directed to the patient's history and/or the clinical procedure(s) planned for that day.

Presentation of the Patient

When discussing patients with attending faculty, students must present patients in the “**PHOTEN**” or equivalent format as described in the Clinic Manual, Section 3.47 (under Typical Progress Notes). The following is an example, with key words recommended to be used by students in bold:

*Mr. Jones is a 58-year old white male who first presented to the school with **a chief complaint** of “toothache”. His **past medical history** is significant for hypertension, which is controlled with Procardia XL, and coronary artery by-pass graft (CABG) in 1994. Medically, he relates he is stable at this time and sees his physician every 3 months. **My plan today** is to perform a comprehensive oral examination, arrive at a dental diagnosis, and formulate a dental treatment plan to be presented to the patient. A medical consultation will be obtained, and at this time there is no indication for antibiotic prophylaxis.*

Examination and Diagnosis Phase

In the examination and diagnostic phase of the appointment, the patient's medical and dental histories will be reviewed along with the patient's prescribed radiographs. A comprehensive intra- and extra-oral exam with soft tissue, hard tissue, and complete periodontal charting will be performed. Appropriate consultations will be obtained (see Appendix A of this syllabus), noted, and a diagnosis formulated. Upon completion of this phase, the patient is ready for the treatment planning phase of the appointment.

Treatment Planning Phase

The information gathered during the examination and diagnostic phase, including the patient's wants, desires, and financial considerations, will be utilized to formulate treatment objectives leading to an appropriate treatment plan. The treatment plan and options will be reviewed first by the appropriate attending faculty and then with the patient. Upon approval by both the attending dentist and the patient, the tentative treatment plan is verified, and then signed by the appropriate faculty in the space provided on the Treatment Plan Sequence Worksheet. Finally, the student will enter the treatment plan into the EPR and submit the patient's record for final review and approval by the student's Practice Leader for activation of the treatment plan in the EPR.

Checklist for Diagnosis and Treatment Planning Clinic

- A. The patient is appointed in the Diagnosis and Treatment Planning Clinic.
- B. Prior to the Treatment Planning appointment make sure the necessary diagnostic radiographs are present and interpreted; and thoroughly review the patient chart.
- C. The patient checks in at the Reception Desk and pays in advance for services that will be rendered that day.
- D. Introduce yourself and escort the patient to the Diagnosis and Treatment Planning Clinic.
- E. Review the patient's Chief Complaint.
- F. Review the Medical History, Dental History, and radiographs with faculty for patient's signatures and faculty approval.
- G. Complete all sections of Intraoral/Extraoral Exam form.
- H. Complete periodontal charting and enter cubicle number on sign-up list for Periodontic consultation.
- I. Present all periodontal findings, Head/Neck and Intra-oral portion of Intraoral/Extraoral Exam form entered in EPR to attending Periodontist. (If Periodontics faculty is not immediately available, proceed with the sequence until the Periodontics faculty arrives.)
- J. Verify with Periodontist (or other faculty) and then call Oral Pathology for consultation, if needed.
- K. Enter hard tissue findings in EPR.
- L. Fill out Department of Diagnostic Sciences Oral Diagnosis and Treatment Planning worksheet.
- M. Enter proposed operative dentistry treatment plan in EPR.
- N. Present all hard tissue findings entered in EPR, Radiographic portion of Intraoral/Extraoral Exam form, operative dentistry radiographic and clinical pathologic findings, diagnosis/problems, treatment objectives, and treatment plan from Department of Diagnostic Sciences Oral Diagnosis and Treatment Planning Worksheet to assigned Restorative Dentistry attending faculty.
- O. Present Occlusion portion of Intraoral/Extraoral Exam form and Prosthodontic radiographic and clinical pathologic findings, diagnosis/problems, treatment objectives, and treatment plan to attending Prosthodontist.
- P. Obtain Endodontic consultation, if necessary.
- Q. Obtain Oral and Maxillofacial Surgery consultation, if necessary.
- R. Review the entries and sequence all procedures on Treatment Plan Sequence Worksheet with available faculty, and obtain final faculty Treatment Plan Sequence signature.
- S. Complete all EPR entry notes for approval by the faculty with the anticipated treatment procedure listed at the end of the PHOTEN, but enter an "office visit" code– 9430 for planned appointment approval by the faculty if you are not returning to the TP Clinic or Radiology, to use for making the patient's next appointment.

- T. Dismiss your patient and clean up the operatory area.
- U. Enter completed sequenced treatment plan in EPR and present to your Practice Leader for approval.

(See Appendix C for the detailed sequence of student interaction with both the patient and faculty that is required to fulfill the “Criteria to Achieve Competency”. This sequence is also posted in every operatory in the Diagnosis and Treatment Planning Clinic.)

2. Treatment Planning Presentations

- A. Treatment Planning Presentations will be presented in the following format:
 - 1. Chief Complaint: Should be clearly stated in the patient’s own words.
 - 2. Medical History
 - a. Demographic Data: Include patient’s age, sex, ethnicity, occupation, marital status, height and weight.
 - b. General Health History: Include all data and discussion considered relevant for proper examination, diagnosis and treatment of the patient.
 - c. Social History: Include alcohol and tobacco use, non-prescription drug use, and sexually transmitted diseases.
 - 3. Dental History: Summary of past dental treatment and experiences.
 - 4. Clinical Examination
 - a. Extra-oral Examination: General appearance of the patient including facial asymmetries, lesions, muscle tone, and esthetic considerations.
 - b. Intra-oral Examination: Includes general appearance of the oral cavity, supporting tissue, occlusion, tooth structure and remaining pathology.
 - 5. Radiographic Survey: Evaluation of the teeth and supporting structures.
 - 6. Mounted Diagnostic Casts: Accurate casts with a facebow mounting in centric relation.
 - 7. Completed Case Presentation Examination, Diagnosis and Treatment Plan Worksheet.
 - a. Findings
 - b. Diagnoses/problems
 - c. Treatment objectives
 - d. Treatment plans
 - 8. Sequenced Treatment Plan
 - a. Systemic Phase
 - b. Acute Phase
 - c. Dental Disease Control Phase
 - d. Definitive Treatment Phase
 - e. Maintenance/Monitoring/Prevention

RESOURCES

A. Media Resources

1. Printed Media

a. Foundational Knowledge

DENF	1601	Dental Anatomy
DENF	1621	Ethics in Dentistry
DENS	1671	Biomaterials I: Direct Restorative Materials
DEPS	1901	Basic Occlusal Concepts
DENS	1931	Basic & Applied Nutrition
DENF	1934	Intro to Dental Prevention
IRT	1991	Information Resources Training
DBEA	1000	Area of Focus--Patient Care
DENF	2561	Dental Pharmacology
DENF	2671	Biomaterials II: Indirect Restorative Materials
DENF	2701	General Pathology
DENS	2702	Systemic Pathology
DENF	2703	Oral & Maxillofacial Radiology I
DENF	2704	Introduction to Clinic
DEPS	2712	Endodontics I: Principles of Endodontics
DENF	2721	Periodontics I: Diagnosis & Treatment Planning
DENS	2722	Periodontics II: Hygienic Phase of Periodontics Therapy
DENS	2723	Implantology I: Basic Concepts
DENS	2801	OMFS I: Preclinical Oral & Maxillofacial Surgery
DENS	2803	Internal Medicine
DEPF	2907	Complete Dentures
DEPS	2908	Fixed Prosthodontics—FPD
DEPS	2910	Fixed Prosthodontics—Single Unit
DEPS	2911	Removable Partial Dentures
DENU	2909	Implantology II: Prosthodontic Concepts
DENS	2936	Behavioral Context-Dent Patient Mgmt
DENS	2961	Growth & Development
DENF	2962	Pediatric Dentistry I
DEPS	2963	Pediatric Dentistry II
DENU	2971	Orthodontics

b. Foundational Skills

DEPF	1602	Dental Anatomy Lab I
DEPS	1603	Dental Anatomy Lab II
DEPS	1614	Operative Dentistry I
DENF	1651	Foundational Skills for Clinic
DEPF	2614	Operative Dentistry II
DEPS	2615	Inlay/Onlay
CLIN	2501	Second Year Clinic

B. Human Resources

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Additional Leaders from the Departments of Periodontics, Diagnostic Sciences, and Prosthodontics

ACTION PLAN

The course in Diagnosis and Treatment Planning consists of three (3) primary learning and evaluation activities:

1. Diagnosis and Treatment Planning Clinic

Patients assigned to students for comprehensive care will be scheduled in the Diagnosis and Treatment Planning clinic following assessment and assignment of the patient by the student's Practice Leader. A faculty member from the Department of Diagnostic Sciences will be present at all times as the attending dentist and lead on all treatment plan development. A Practice Leader will also be present, plus other faculty from other departments to provide consultative support. (See Section 1, *Diagnosis and Treatment Planning Clinic* of "Criteria to Achieve Competency" for a step-by-step guide to working in the clinic.)

2. Treatment Planning Presentation Competency Assessment (classroom exercise)

The student will attend three (3) treatment planning presentations, one in the fall semester and two in the spring semester. The fall semester presentation will be made by faculty and observed by students. The spring semester presentations will be made by students as competency examinations (see Schedule in Appendix B within this syllabus). For the student presentations, students will be paired and each team will prepare and present the case of an assigned appropriate patient.

3. Lectures on Examination, Diagnosis, and Treatment Planning

The student will attend five (5) lectures during the preceding second year summer semester and five (5) lectures during the end of the fall semester. The topics will consist of material covering all aspects of examination, diagnosis and treatment planning necessary for the student to become competent in the examination, diagnosis and treatment planning for patients. Specific objectives to be achieved in progressing towards competency are located in the section on Competencies within the Third Year Clinical Appendix, page 45.

EVALUATION METHODS

The final course grade will be calculated from the evaluations of the student's performance in the following areas:

COMPETENCY ASSESSMENT

40% Treatment Planning Presentation Competency Assessment (classroom exercise)

Students will be evaluated on their performance during formal treatment planning presentations in the spring semester based on the following:

- Core Values, Infection Control, Record Keeping
- Organization of the material presented
- Clarity of the presentation
- Identification of pertinent information
- Pace of presentation
- General knowledge of the material presented

See "Treatment Planning Presentations" under "Criteria to Achieve Competencies" for more information on presentation format. Additional information will be presented during the scheduled faculty presentations and email notification. Presentations will be scheduled on Friday afternoons in the spring semester (see Appendix B for schedule).

Evaluation

Attending faculty at each Treatment Planning Presentation will evaluate student presentations using the appropriate competency assessment form. The Course Director will take an average of these scores to arrive at the student's overall score for his/her Treatment Planning Presentation. The student must also receive a score of 3 (acceptable) in each of the six (6) grading categories to pass. If the student receives less than a 3 in any category, the overall score will be adjusted to reflect the degree of failure, and the average of the six (6) grading categories will not be used as the final grade.

DAILY EVALUATIONS

25% Clinical Practice

At each clinic session, attending faculty will evaluate the student's performance in Clinical Practice (see below). Faculty will provide students with verbal feedback, score the "Clinical Practice" score using the "Clinical Practice" evaluation in the EPR student evaluation form, and enter any comments regarding deficiencies. Each evaluation in Clinical Practice is based on the following three components:

- | | |
|---------------------|---|
| ▪ Core Values | Student was ethical, professional, and followed all clinic policies and procedures |
| ▪ Infection Control | Student followed standard precautions and complied with all infection control policies and procedures |
| ▪ Record Keeping | Student documentation in the patient record was legible, complete, and accurate |

35% Diagnosis and Treatment Planning Clinic

At each clinic session, students will be evaluated in the Diagnosis and Treatment Planning Clinic based on the "Criteria to Achieve Competencies". (See Appendix C for required sequence of procedures to be performed.) Also considered will be:

- Gathering and review of the patient's medical and dental histories
- Intra/extra oral examinations
- Radiographic interpretation
- Periodontal assessment
- Recognition and charting of all dental pathology
- Arriving at a dental diagnosis(es)
- Arriving at treatment objectives
- Explanation of etiologies, management, and prevention of patient's dental disease(s),
- Formulation of a viable treatment plan involving all necessary dental disciplines
- Presentation of the treatment plan to the patient,
- Sequencing of the treatment plan, and
- Discussion of time and financial requirements necessary to successfully complete treatment.

Attending faculty in the Diagnosis and Treatment Planning Clinic will evaluate each student at each clinic session on clinical diagnosis and technique (technical knowledge and skill), using the appropriate procedure code (i.e., 00150/06 – Comprehensive oral evaluation or 00012/06 – Re-assessment)

EVALUATION SCALE AND CRITERIA

A five-point scale will be used for scoring the student's performance in the course with the numerical conversion to a 100 point scale as follows:

- 5 Excellent (100)
- 4 Good (88)
- 3 Acceptable (76) – passing
- 2 Poor/Failure (64) – below passing
- 1 Unacceptable/Failure (52) – significantly below passing

(Note that 70 is the minimal score necessary to pass the course.)

The criteria for arriving at each numerical evaluation score are as follows:

- 5 Student has a thorough understanding of the material, performs all elements properly, and is able to answer all questions at a high level of knowledge.
- 4 Student has a good understanding of the material, performs most elements properly, and is able to answer most questions at a good level of knowledge.
- 3 Student has an acceptable understanding of the material, performs most elements properly, and is able to answer most questions at an acceptable level of knowledge.
- 2 Student has a poor understanding of the material, performs some elements improperly, and is not able to answer some questions at an acceptable level of knowledge.
- 1 Student has an inadequate understanding of the material, performs some elements improperly, and is not able to answer a significant number of questions at an acceptable level of knowledge.

The attending faculty members present will assign a single score (1-5) to each grading category of the **Treatment Planning Presentation Competency Assessment, Clinical Practice, and Diagnosis and Treatment Planning Clinic** areas of the course. The component scores will then be converted to the 100 point scale and averaged for each area. The scores for each area will then be weighted using a **40%** proportion for **the Treatment Planning Presentation Competency Assessment, 25% for Clinical Practice, and 35% for Diagnosis and Treatment Planning Clinic**, to arrive at a single score that will be entered as the student's final grade for the course.

Treatment Planning Presentation Competency Assessment	40%
Clinical Practice	25%
Diagnosis and Treatment Planning Clinic	35%

In order to pass the course, the student must have at least an overall 70 average and pass the Treatment Planning Presentation Competency Assessment with a score of at least 70 and a minimum score of 3 (acceptable) in each of the six (6) grading categories of the Treatment Planning Presentation Competency Assessment.

ABSENCES / REMEDIATION

1. Treatment Planning Presentation Competency Assessment

Absences

In the event of an excused absence from the Treatment Planning Presentation Competency Assessment, the student will reschedule the Treatment Planning Presentation Competency Assessment that was missed.

In the event of an unexcused absence, the student will make up the Treatment Planning Presentation Competency Assessment that was missed **and** receive a 10-point reduction in the Treatment Planning Presentation Competency Assessment portion used in computing their final score for the course.

Any missed Treatment Planning Presentation Competency Assessments must be rescheduled with the Treatment Planning Clinic Director and verified by the Director of Predoctoral Clinical Education. If the student fails to contact the Treatment Planning Clinic Director within one week of the absence, a session will be scheduled for the student, and the appropriate time will be blocked from the student's clinic schedule.

For any unexcused absence that is not made-up by the last scheduled date on the Treatment Planning Presentations Schedule (Appendix B), the student will receive an additional 5-point reduction in the Treatment Planning Presentation Competency Assessment portion used in computing their final grade for the course, a grade of "incomplete" for the course, and will have to present during the Summer Session.

Remediation

In the event of an overall final grade of less than 70 (**after** any assessed point reductions are considered) on the Treatment Planning Presentation Competency Assessment, or of receiving a score of less than 3 (acceptable) in any grading category of the Treatment Planning Presentation Competency Assessment, the student will have to remediate the Treatment Planning Presentation Competency Assessment by presenting a second appropriate patient approved by the Course Director for the Treatment Planning Presentation Competency Assessment.

A successful remediation will consist of a score of at least 3 (acceptable) in each grading category of the second Treatment Planning Presentation Competency Assessment **and** a final score of at least 70 on the Treatment Planning Presentation Competency Assessment computed by averaging the score on the first Treatment Planning Presentation Competency Assessment with the score (**after** any assessed point reductions are considered) on the second final Treatment Planning Presentation Competency Assessment.

2. Overall Course Grade Failure

In the event of a student receiving less than an overall 70 average for the course or a final score below 70 on the Treatment Planning Presentation Competency Assessment, the student's scores will be forwarded to the Evaluation and Promotion Committee for review.

APPENDIX A

CRITERIA FOR REQUESTING CONSULTATIONS

Discipline	Criteria	Comments
ENDODONTICS	<ol style="list-style-type: none"> 1. Periapical radiographic abnormality. 2. Extensive caries approaching or invading pulp chamber. 3. Sensitivity to hot, cold or pressure. 4. Unacceptable pulpal response to testing. 5. Prosthodontic necessity. 	<p>Cases eligible for assignment to undergraduate student:</p> <ol style="list-style-type: none"> 1. Single-rooted teeth with relatively straight canals and closed apices. Canals should be clear and well-defined. Students will not be assigned a molar until they have completed a single-rooted tooth or a two-rooted premolar. 2. Single and multi-rooted teeth, including molars, with up to 20° Curvature and closed apices. There should be no more than a slight decrease in canal dimension and chamber size (chamber must be patent). <p>Cases referred to graduate endodontics:</p> <ol style="list-style-type: none"> 1. Root curvatures > than 20° 2. Retreatments 3. Surgical treatment 4. Resorption 5. Teeth restored with full coverage crown 6. Teeth with open apices 7. Minimal/no radiographic evidence of a pulp chamber and/or canal system 8. Difficulty in access 9. Difficulty in isolation 10. Difficulty in obtaining local anesthesia 11. Patients with severe systemic disease
ORAL PATHOLOGY	Any noted extra/intra oral soft or hard tissue abnormality.	

ORAL SURGERY	<ol style="list-style-type: none"> 1. Physical evaluation questions and/or issues of medical contraindication 2. Determination of predoctoral/postdoctoral suitability 3. Immediate dentures 4. Full-mouth extraction cases requiring multiple appointments 5. Any cases requiring pre-prosthetic surgery 6. Third molar surgery 7. Impacted teeth or malposed teeth 8. Biopsy or pathology case which may require evaluations, excision or biopsy 	
ORTHODONTICS	Malocclusion, molar uprighting, or patient request	Patient must call Orthodontics to arrange appt.
PERIODONTICS	Required of all dentulous patients	<ol style="list-style-type: none"> 1. Initiate a Periodontal Record (baseline documentation) to be reviewed and approved by the consulting periodontist. 2. Initial periodontal treatment plan will be signed by consulting periodontist. <p>If patient has been classified as a “periodontal treatment case”, a periodontal diagnosis and treatment plan will be determined in the student’s home bay with periodontal faculty. After scaling and root planing has been performed, the patient will be re-evaluated.</p>
PROSTHODONTICS	<p>Patient presents with one or more of the following:</p> <ol style="list-style-type: none"> 1. Partially or totally edentulous. 2. Endodontically Involved teeth. 3. Extensively broken-down teeth. 4. Demonstrates occlusal, TMD, or other related abnormalities. 	Patients presenting where mounted diagnostic casts are indicated for determination of prosthodontic treatment (such as occlusal, TMD, or other related abnormalities) will require additional evaluations performed in Prosthodontics Clinic to formulate a final treatment plan.

<p>RESTORATIVE DENTISTRY</p>	<p>Carious, non-cariou, discolored, or broken-down teeth requiring non-prosthetic restorations:</p> <p><u>Class I, II, & VI:</u></p> <p>Amalgam may be chosen in cases where esthetics is not of concern to the patient or where isolation is compromised to the extent that a composite resin restoration has a high probability for failure.</p> <p>Composite resin (either direct or indirect) may be chosen in any case where esthetics is a concern to the patient and the area to be restored is able to be isolated in an appropriate manner, and where occlusal conditions allow.</p> <p>Gold (either cast or direct) may be chosen where longevity and/or biocompatibility are/is the primary concern. Cast gold may not be indicated in situations where the gingivo-proximal cavosurface margin is very deep (beyond the CEJ) where beveling and an acceptable impression are not possible.</p>
	<p><u>Class III & IV:</u></p> <p>Composite resin should be the primary material of choice in all esthetic situations where the area to be restored is able to be isolated in an appropriate manner and the patient is at low to moderate caries risk status.</p> <p>Amalgam or gold may be considered for non-esthetic (i.e. DL on maxillary canine teeth) restorations where occlusal conditions dictate a material with better wear characteristics than composite resin.</p> <p>Resin Modified Glass Ionomer should be considered in Class III situations in moderate to high caries rate individuals where the area to be restored may be isolated in an appropriate manner.</p> <p>Ceramic may be considered in certain Class IV situations, particularly where multiple ceramic veneers are being considered on adjacent teeth.</p>
	<p><u>Class V:</u></p> <p>Composite resin should be the primary material of choice in all esthetic situations where the area to be restored may be isolated in an appropriate manner and the patient is at low caries risk status.</p> <p>Amalgam may be considered for restorations where esthetics is of little concern to the patient or where isolation is compromised to the extent that a composite resin restoration or a resin modified glass ionomer restoration has a high probability for failure.</p> <p>Resin Modified Glass Ionomer should be considered in Class V situations in moderate to high caries risk individuals where the area to be restored may be isolated in an appropriate manner.</p>

APPENDIX B

LECTURES ON EXAMINATION, DIAGNOSIS AND TREATMENT PLANNING:

Date	Presenter	Location
October 23, 2009	Dr. Silverman	DBB 132, 9-9:50 am
October 30, 2009	Dr. Silverman	DBB 132, 9-9:50 am
November 6, 2009	Dr. Trajtenberg	DBB 132, 9-9:50 am
November 13, 2009	Dr. Silverman	DBB 132, 9-9:50 am
November 20, 2009	Dr. Silverman	DBB 132, 9-9:50 am

TREATMENT PLANNING PRESENTATIONS SCHEDULE:

Date	Presenter	Location
November 6, 2009	Dr. Silverman	DBB 132, 1:30 pm
January 22, 2010	Student	DBB 446, 1:00 pm
January 29, 2010	Student	DBB 446, 1:00 pm
February 5, 2010	Student	DBB 446, 1:00 pm
February 12, 2010	Student	DBB 446, 1:00 pm
February 19, 2010	Student	DBB 446, 1:00 pm
February 26, 2010	Student	DBB 446, 1:00 pm
March 19, 2010	Student	DBB 446, 1:00 pm
March 26, 2010	Student	DBB 446, 2:00 pm
April 9, 2010	Student	DBB 446, 1:00 pm
April 23, 2010	Student	DBB 446, 1:00 pm

APPENDIX C

Instructions for Students

Examination, Diagnosis and Treatment Planning Sequence

1. Prior to the Treatment Planning appointment, **make sure that the necessary diagnostic radiographs are present and interpreted; and thoroughly review the patient chart.**
 - Enter the proposed appropriate procedure code (D0012 Re-Assessment Exam or D0150 Comprehensive Oral Evaluation) in the EPR if the PL has not previously done that.
2. Introduce yourself and review the patient's chief complaint.
3. Review Screening Medical History, if present. Record today's vital signs in EPR notes.
 - **Then complete both the Medical History part and the Dental History part of the Full Medical/Dental History form.**
4. Review the Medical History, Dental History, and radiographs with faculty for patient's signatures and faculty approval.

Medical conditions requiring clearance from a physician prior to commencing dental treatment:

- active Herpes or other viral infections,
- diastolic blood pressure 100 or greater,
- systolic blood pressure 160 or greater,
- other conditions requiring pre-meds, etc.

Above medical conditions will need Medical Consultation Report (triplicate paper form) filled out by student, signed by attending faculty, and given to patient for presentation to their physician prior to continuing with the examination.

- Faculty will also **approve** note in EPR of the request for a medical consultation.
- Retain the yellow copy for Patient Records to scan into the patient's EPR, while the original is to be returned or a copy faxed directly to Patient Records after the physician fills out the bottom portion of the form.
- **The examination may be continued without performing probing or other invasive procedures if only blood pressure control and/or premeds are required.** The patient will be reappointed to finish after we receive medical clearance.

Radiographs

- If faculty determines the need for additional radiographs, faculty **approves** radiographic order note (reason for radiographs) in EPR and **signs** a requisition form that the student has filled out for the necessary radiographs. The student then proceeds to the Radiology Clinic to see if there is a room available.
- If a room is available, book the earliest time **today**. If not, make a future appointment. If a FMS is ordered, finish the PHOTEN with the FMS in Radiology as the next scheduled appointment, and have faculty **approve** all appropriate

EPR entries before checking out of the TP Clinic to go to Radiology. (If the FMS is completed and interpreted prior to the end of the clinic session, and time permits, you may return to the TP Clinic with the patient to resume the previously started examination.)

5. Complete all sections of the Intraoral/Extraoral Exam form.
6. **Complete periodontal charting.**
 - Enter the periodontal charting in the EPR (PD, BOP, furcations, mucogingival line, free gingival margin, etc.), and fill out Periodontics Consultation Worksheet.
7. **Enter cubicle number** on sign-up list for Periodontic consultation.
 - Present findings and periodontal diagnosis to Periodontics faculty. Periodontics faculty reviews findings with student while examining patient, makes any minor necessary revisions, and **approves** the Head/Neck and Intra-oral portion of the Intraoral/Extraoral Exam form (if Oral Pathology faculty is not called for a consultation) and the Periodontics summary note in EPR.
 - **Major revisions will no longer be accomplished in the TP Clinic, and will be performed after proceeding to the next phase of periodontal treatment.**
 - Periodontics faculty **signs** in Periodontics block of the Treatment Plan Sequence Worksheet after student enters periodontal phase of treatment plan in both the EPR and the Treatment Plan Sequence Worksheet.
 - *If Periodontics faculty is not immediately available, proceed with the sequence until the Periodontics faculty arrives.*
8. Verify with Periodontist (or other faculty) and then call Oral Pathology faculty for consultation, if needed. (See weekly Oral Pathology call list posted on rear bulletin board. If faculty member on call list is unavailable, proceed to next faculty name on list for consultation.)

Prior to Oral Pathology faculty arrival:

 - Fill out Oral and Maxillofacial Pathology Consultation EPR form and enter D9310 Consultation procedure code in EPR.
 - If not previously approved by Periodontist, student has Oral Pathology faculty approve the Head/Neck and Intra-oral portion of the Intraoral/Extraoral Exam form, approve the Oral and Maxillofacial Pathology Consultation form, and enter a grade for the D9310 procedure code, if they were called to the clinic.
 - *Proceed with the sequence until the Oral Pathology faculty arrives.*
9. Enter hard tissue findings in EPR.
 - missing teeth,
 - existing restorations,
 - caries,
 - open contacts,
 - rotated teeth, etc.
10. Fill out Department of Diagnostic Sciences Oral Diagnosis and Treatment Planning worksheet.
 - Enter only **pathologic** findings under the radiographic and clinical findings headings.

- Then fill in a diagnosis/problem for each disease entity, followed by the treatment objective and treatment plan.

11. Enter proposed operative dentistry treatment plan in EPR.

12. **Present all hard tissue findings entered in EPR, Radiographic portion of Intraoral/Extraoral Exam form, operative dentistry, radiographic, and clinical pathologic findings, diagnosis/problems, treatment objectives, and treatment plan from Department of Diagnostic Sciences Oral Diagnosis and Treatment Planning Worksheet to assigned Restorative Dentistry attending faculty.**

- After review by faculty, including any revisions, transfer proposed operative dentistry treatment from the Department of Diagnostic Sciences Oral Diagnosis and Treatment Planning Worksheet to the Treatment Plan Sequence Worksheet.

Restorative Dentistry Faculty:

- **approves** charting of hard tissue findings,
- **approves** Radiographic portion of Intraoral/Extraoral Exam form, and
- **signs** in Restorative Dentistry block of the Treatment Plan Sequence Worksheet.

If prosthodontic treatment is NOT anticipated:

- Determine with attending faculty if any extractions are necessary, enter on Treatment Plan Sequence Worksheet, and take chart and radiographs to the Oral and Maxillofacial Surgery Clinic for **approval** of faculty EPR note entry only (**with no approval for planned treatment**), and for Treatment Plan Sequence Worksheet **signature** in the Oral and Maxillofacial Surgery block.

If orthodontic treatment IS anticipated:

- Direct the patient to make telephone contact with the Department of Orthodontics and Dentofacial Orthopedics. If prosthodontic treatment is anticipated, do not make Oral and Maxillofacial Surgery procedure determinations or orthodontic determinations at this time.

13. **Present Occlusion portion of Intraoral/Extraoral Exam form and Prosthodontic radiographic and clinical pathologic findings, diagnosis/problems, treatment objectives, and treatment plan to attending Prosthodontist.**

- After review by attending Prosthodontist, including any revisions, attending Prosthodontist will transfer the *tentative* prosthodontic treatment plan from the Department of Diagnostic Sciences Oral Diagnosis and Treatment Planning sheet to the lower right hand corner of the treatment sequence section of the Treatment Plan Sequence Worksheet, **as a tentative summary only**, and add their signature.
- The necessity for *tentative* endodontic treatment and/or *tentative* oral and maxillofacial surgery treatment and/or orthodontic treatment is determined at this time.

Prosthodontic Faculty:

- **approves** summary note of pertinent findings in EPR,
- **approves** Occlusion portion of Intraoral/Extraoral Exam form, and
- **signs** in Prosthodontics block of the Treatment Plan Sequence Worksheet.

- *Prosthodontist may revise restorative dentistry treatment and periodontal treatment as a consequence of prosthodontic requirements.*
 - **Keep a copy** of the summary of the tentative prosthodontic phase for discussion with your Prosthodontics Leader at the patient's Prosthodontic Treatment Planning appointment.
14. Obtain Endodontic consultation if necessary.
- After performing necessary endodontic diagnostic procedures, and entering proposed *tentative* endodontic treatment on Treatment Plan Sequence Worksheet, take chart and radiographs to Endodontic Clinic for **approval** of faculty EPR note and Treatment Plan Sequence Worksheet **signature** by Endodontic faculty in Endodontics block.
15. Obtain Oral and Maxillofacial Surgery consultation if necessary.
- After entering the *tentative* oral and maxillofacial surgery treatment phase on Treatment Plan Sequence Worksheet, take chart and radiographs to the Oral and Maxillofacial Surgery Clinic for **approval** of faculty EPR note entry only (**with no approval for planned treatment**), and for Treatment Plan Sequence Worksheet **signature** in the Oral and Maxillofacial Surgery block.
16. **Calculate the "Total Estimated Fee."**
- Review the entries on the Treatment Plan Sequence Worksheet and calculate the "Total Estimated Fee," and present the *tentative* treatment plan to the patient.
- If rejected by patient, consult with Prosthodontist (if prosthodontic treatment is involved) or attending faculty (if prosthodontic treatment is not involved) on treatment options that are acceptable to the patient.
17. **Sequence all procedures** on Treatment Plan Sequence Worksheet with available faculty, and obtain final faculty Treatment Plan Sequence **signature for approval**.
18. **Complete all EPR entry notes for approval** by the faculty with the anticipated treatment procedure listed at the end of the PHOTEN, but enter an "office visit" code D9430 for planned appointment approval by the faculty if you are not returning to the TP Clinic or Radiology, to use for making the patient's next appointment.
19. Dismiss your patient and clean up the operatory area. Make sure you have all necessary approvals and grade for the day after dismissing the patient.
20. **Enter completed sequenced treatment plan in EPR and present to your Practice Leader for approval.**

Informed Consent

- Informed consent and final treatment plan signatures by patient will be obtained at the beginning of the next scheduled appointment outside of the Treatment Planning Clinic.
- The patients are to be informed that this is an initial proposed treatment plan and may be modified in the future at any time, and it does not obligate the patient to follow through with any of the treatment by signing the document.
- Their signature only signifies that they agree to undergo the proposed treatment, and that they understand the risks and hazards involved.

At any time during the session, any faculty member may have the opinion that the patient is not an acceptable teaching experience for an undergraduate student. An appropriate referral will be determined, if necessary.

Any questions regarding clarification of instructions, or anything not covered above, should be directed to a Treatment Planning Clinic faculty member.