

DEN7766L

Oral Diagnosis & Treatment Planning 2

Spring 2022

Course Description:

This course provides the clinical opportunity for student dentists to develop interviewing, diagnosis and basic treatment planning skills on assigned patients.

I. General Information:

Course Director: Annetty P. Soto

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Course Credits: 0

Semester: Spring

Contributing Faculty

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II. Course Goal

The goal of the oral diagnosis and treatment planning clinical courses is to provide the predoctoral dental student opportunities to individualize patient care through examination, diagnosis and presentation of treatment plan options with patients in a General Dentistry practice environment.

III. Course Objectives

This course aligns with the following competencies in the [2018 Joint Commission on National Dental Examinations](#)

- **Diagnosis and Treatment Planning**

1. Interpret patient information and medical data to assess and manage patients.
2. Interpret diagnostic results to inform understanding of the patient's condition.
3. Recognize the manifestations of systemic disease and how the disease and its management may affect the delivery of dental care.
4. Formulate a comprehensive diagnosis and treatment plan for patient management.
5. Discuss etiologies, treatment alternatives, and prognoses with patients so they are educated and can make informed decisions concerning the management of their care.

- **Oral Health Management**

1. Evaluate outcomes of comprehensive dental care.

- **Practice and Profession**

1. Evaluate and implement systems of oral health care management and delivery that will address the needs of patient populations served.
2. Use prevention, intervention, and patient education strategies to maximize oral health.

IV. Course Overview

The course will use small group seminars, and clinical opportunities to develop skills in patient examination, clinical photography, and data and treatment plan entry in axiUM. (axiUM is the electronic health record (EHR) and clinical management system used by the University of Florida College of Dentistry.) Didactic information will precede the related clinical activity.

The small group activities will be designed to increase your integration of foundation knowledge, critical thinking and problem-solving skills using patient case presentation using data from axiUM. When starting a comprehensive oral examination for new or recall patients, teaching and clinic opportunities will be expected for the following:

	Prior clinic encounter	Clinic encounter	Next steps
Patient evaluation and assessment	<ul style="list-style-type: none"> • Patient medical and dental history • Radiographic interpretation 	<ul style="list-style-type: none"> • Patient interview (patient goals of care, med consultations, etc.) • Physical examination (vital signs, extra/intraoral examination, occlusion) • Recognize any acute needs that will need to be addressed • Data collection: diagnostic impressions, intermaxillary records photos, periodontal charting and hard tissue findings with recommendations of care. 	Evaluation of findings Comprehensive problem/diagnosis list
Diagnoses and consultations	<ul style="list-style-type: none"> • Formulation and interpretation diagnose and problem list 	<ul style="list-style-type: none"> • Specialist consultations, risk assessments and formulation of recommendations • Quality control data collected for diagnosis • Organization diagnosis/ problem list with recommended treatment • Patient education (chief complaint vs treatment options, financial and time considerations) • Foundation of treatment plan • ☰ Anticipation of referrals 	Phasing and sequencing different options for care <ul style="list-style-type: none"> • Discussions with Team leader regarding options for treatment • Correlation between findings, problems, diagnosis and treatment proposed
Treatment plan presentation and acceptance	<ul style="list-style-type: none"> • Prognosis and analysis of treatment outcomes 	Treatment plan presentation and approval by patient and Team leader	

There are several reasons why a comprehensive treatment plan is the central component in every successful patient-centered teaching experience:

- Treatment planning requires clear-cut goals for starting treatment with a predictable end in mind
- A well-designed treatment plan is the basis for communicating with patients
- A complete treatment plan is essential for determining and coordinating the role of specialists that includes an anticipation of restorative options
- Properly documented treatment plan is the ultimate checklist for maximizing effectiveness across phases of treatment for students, faculty and patients.

V. Course Outline

Semesters Eight and Nine Expectations

DEN 7766L		
	Spring Semester 8	Summer Semester 9
Minimum clinical experiences	2 COE's as primary provider	Extensive needs D0150
Skills Assessments Exercises	Junior case presentation for diagnosis and treatment planning evaluation (Small groups- submit to Canvas)	Primary provider with junior clinical associate for: 2 (D0150) completed <u>Exception when the above is not possible</u> • 1 COE D0150 • 1 POE D0120
Competency Assessment	<ul style="list-style-type: none"> • Comprehensive Oral Exam Competency Assessment (GD1-C) • Special needs competency assessment (GD2-C) 	
Daily Grades	70%	70%
RVU's	30%	30%

Junior case presentation (small groups)

Students are required to prepare a PowerPoint presentation based on one of their comprehensive care patients. The junior case presentation is hosted during small group sessions (face to face or in some instances virtually) coordinated by your team leader and patient treatment coordinator. Students must upload the PowerPoint slides to [Canvas](#) assignment, under the semester course and complete a quiz. The cases selected for junior case presentation include a patient of record, in your pool whose treatment is not finished. Patients are not required to accept treatment plan options discussed for the exercise. The treatment plan discussion must include rehabilitation and or teeth replacement phase. The course director will provide a PowerPoint template with all the minimum requirements for presentation. Students must bring articulated casts, and any other physical diagnostic information for face-to-face presentations.

The key points presented include patient's demographics, personal data and medical/ dental data collected via comprehensive examination and personal interview. A discussion of the patient's history and special circumstances are presented thus demonstrating the student's humanistic appreciation of the patient's uniqueness. The presentation continues with a delivery of the diagnostic information and

establishment of a listing of the patient's needs, diagnosis of problems found as they relate to the patient's dental status and non-dental status and how these will influence the delivery of care. Initial intra and extra oral photographs and dental chartings help the students to illustrate the patient's current clinical status.

The PowerPoint presentation is expected to cover the following: physical, medical and oral health assessment of the patient, plans for stabilization of the patient's disease state, plans for the delivery of definitive therapies, and plan for maintenance. The presentation must reflect the best theoretical treatment modalities available.

Sequenced treatment plans are proposed approximating the sequence of treatment appointments. The student is encouraged to support their views with evidence, based on a review of the literature and to employ their biomedical science knowledge to explain therapies, pharmacology and materials used in the plan.

V. Demonstration of Competence

Both competencies in this course must be challenged before semester 12.

Comprehensive Oral Exam Competency for Extensive oral health needs (GD1-C)

COE Treatment Planning Competency may be evaluated by any TEAM faculty member. The student must have documented at least two initial phase disease control treatment plans following a comprehensive oral examination (D0150) and two treatment plan presentations for Routine and moderate needs (D00004 and D0005) prior to challenging the [GD1-C competency evaluation](#).

Limited care and periodic treatment plans are excluded from these competency assessments. The competency is performed chairside and graded at the completion of the Comprehensive Oral Evaluation code (COE), which will coincide with the treatment plan presentation. Depending upon the complexity of the case, competencies may need to be completed during one or more clinic sessions.

As part of the regular clinical start-check procedure, each student is required to announce his or her intention to challenge any competency evaluation prior to beginning the data gathering process. Competency evaluations demonstrate the ability to gather and interpret information to produce a viable treatment plan while accounting for treatment risks, prognosis, and outcomes. Critical errors for competencies will be those that could adversely affect the health of the patient or that could compromise treatment. Students will select a patient who has restorative and periodontal needs. The student is expected to prepare a presentation reviewing all findings and options for completion of all initial phase disease control and definitive plans for treatments.

The competency will evaluate that student is able to perform the following skills with minimal to no faculty intervention:

1. Medical assessment

2. Examination skills (clinical and radiographic)
3. Quality of data collected (mounted casts, photos, charting,)
4. Diagnosis and documentation
5. Identification of specialty consultations
6. Patient education and communication skills
7. Treatment plan options
8. Codes and procedures phased and sequenced in a logical order
9. Patient acceptance

To successfully complete a competency, each of the modules on the assessment form must be self-assessed by the student prior to being evaluated as "competent" by the Team Leader (TL). Any module entered as "non-competent" will require complete remediation of the individual competency exam. A final letter grade will be posted for each clinical course based on the timeliness and completion of the competency assessment process.

Competency Requirements GD1-C	COE patient assigned to provider	Prior completion of COE for routine and moderate dental needs	Competency can be challenged during semesters 8-11
Before competency	<ul style="list-style-type: none"> • Identify patient as moderate or extensive dental needs • Prepare for data collection and interpret all information 		
During clinic session	1. Announce competency at start check with TL	<input checked="" type="checkbox"/> Complete all regular COE procedures <input checked="" type="checkbox"/> Tx plan presentation to TL and patient	<input checked="" type="checkbox"/> Grade for completed COE with CMTXP evaluation form in axiUm

Each new patient will be assigned a complexity level at the time of acceptance into the student program. The following table provides a summary that is used by faculty when screening potential patients for level of treatment complexity and is offered for your information.

<i>Patient Disposition According with Needs of Care</i>	
Routine	<ul style="list-style-type: none"> • Periodontal needs—health, gingivitis or health on reduced periodontium. • Operative needs— 5 or less straightforward, intra-coronal restoration needs • Prosthodontics needs— single unit full coverage, reline of existing dentures
Moderate	<ul style="list-style-type: none"> • Periodontal needs-- local or generalized moderate periodontitis. • Operative needs—5 or more straightforward, some cuspal protection, including direct or indirect restorations • Prosthodontics needs—replacement therapy likely, possible Definitive phase treatment plan required (example: replacing existing complete dentures, or 2 single unit crowns) <p><i>Appropriate for Junior oral presentation in small groups</i></p>

Extensive <ul style="list-style-type: none"> • Periodontal needs—moderate to generalized severe periodontitis or above • Operative needs—complex restorative, cuspal protection, management of rampant caries • Prosthodontics needs—combination needs, Definitive phase treatment plan required. RPD in combination with survey crowns, up to six full coverage restorations, implant supported restorations <p style="text-align: center;"><i>Appropriate for Senior oral presentation and graduation requirement.</i></p> <p>Note: Some extensive cases may be referred to specialists.</p>

Special needs D0150 chairside competency (GD2-C)

Patients in need of accommodations to receive oral health care will be assigned to dental students in the clinic. Students are required before graduation to complete treatment plan competency for patients with special needs (SN) as defined by [UFCD](#) in this link

The TL supervising the completion of the D0150 code will be grading the competency. Limited care treatment plans are excluded from these competency assessments.

Competency Requirements GD2-C	COE patient assigned to provider	Med Hx SN alert added	Competency can be challenged during semesters 8-11
Before competency	<ul style="list-style-type: none"> • Identify patient's impairment limitations • Prepare for data collection and interpret all information • Plan for different management strategies • PowerPoint presentation to cover student's plan 		
During clinic session	Announce competency at start check with TL	Complete all regular COE procedures Tx plan presentation to TL and patient	Grade for completed COE with CMTXP in axiUm. Check Special Needs alert Submit the .ppt in Canvas

As part of the regular clinical start-check, each student is required to announce the intention to challenge any competency evaluation prior supervision. Competency evaluations demonstrate the ability to gather and interpret information to produce a viable treatment plan while accounting for treatment risks, prognosis, and outcomes. Critical errors for competencies will be those that could adversely affect the health of the patient or that could compromise treatment.

The main goal of GD2-C is to evaluate if the student can **independently** identify the impairment criteria and prepare for anticipated dental treatment with details that include care modifications.

Once the patient interaction is finished, and both patient and faculty have approved and signed on the treatment plan, the student will coordinate with the supervising team leader for a grading session. The

student must prepare a PowerPoint presentation, focused on the identification of patients' needs and plan for modifications. Presentation can be either face to face or virtually via conference video call. The TL will add a grading evaluation CMTXP on the patient's D0150 code in Axium. To certify students for graduation, students must complete the [Canvas](#) assignment by uploading the PowerPoint slides. If the student has not been assigned a patient who meets the criteria, the student must contact both the team leader and the director of screening and patient assignment, to address the competency in a timely manner.

VI. Competency grading rubric in axiUm:

Treatment planning competency grading CMTXP	S: Satisfactory	U: Unsatisfactory
A. <u>Prior to Treatment Planning Presentation</u>		
1. Identifying social, financial information		
2. Chief complaint & history of CC		
3. Medical and Dental History evaluation - <u>All</u> pertinent clinical exams		
4. Physical evaluation and occlusion analysis		
5. Quality of diagnostic casts		
6. Quality of photographs		
7. Specialty diagnostic evaluations- <u>All</u> pertinent consultations		
B. <u>Treatment Planning Presentation-Chairside</u>		
1. Development of Problem List-general terms		
2. Different options for treatment planning		
3. Treatment plan phasing and sequence organized		
4. Patient education/ literacy		
C. <u>Post-Treatment Planning Presentation</u>		
1. Knowledge of Treatment Codes		
2. Treatment Plan Approval		
3. Case Presentation to Patient		

VII. Course Material

Referenced texts:

1. Treatment Planning in Dentistry, 2nd Ed. Stephanic, Nesbit, Mosby, 2007 (used in DEN 6302C)
2. Lindhe, J., Lang, N., Karring, T., *Clinical Periodontology and Implant Dentistry*, Fifth Edition, Blackwell Munksgaard Publishers (used in DEN 6421)

Referenced manuals:

[UFCD Clinical Procedural Manual](#)

[Quality Assurance Manual](#)

Treatment Planning Manual (Document Section)

Materials on reserve, (Media Reserve):

1. Bates' Guide to Physical Examination and History Taking, 7th Edition. Bickley, LS Lippincott 1999.
2. Oral Diagnosis, Oral Medicine and Treatment Planning, Bricker SL, Langlais RP, Miller CS.
3. Dental Management of the Medically Compromised Patient, 5th Edition, Little JW, Falace DA, Miller CS, and Rhodus NL, Mosby, 1997.

Optional resource:

[HSC Dental Library Guide](#)

VIII. Course Competencies

This course teaches the following competencies in the "[Competencies for the New Dental Graduate](#)".

- 1: Critical Thinking: Use critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology.
- 2: Evidence-Based Patient Care: Access, critically appraise, apply and communicate scientific and lay literature as it relates to providing evidence-based patient care.
- 3: Apply biomedical science knowledge in the delivery of patient care.
- 6: Appropriate Referral Provide oral health care within the scope of general dentistry to include recognizing the complexity of patient treatment and identifying when referral is indicated.
- 7: Communication Skills: Apply the fundamental principles of behavioral sciences using patient-centered approaches for promoting, improving and maintaining oral health.
- 9: Health Promotion & Disease Prevention: Provide oral health care within the scope of general dentistry to include health promotion and disease prevention.

12: Patient Assessment, Diagnosis, Treatment Planning and Informed Consent: Provide oral health care within the scope of general dentistry to include patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent.

26: Provide oral health care within the scope of general dentistry to include screening and risk assessment for head and neck cancer.

IX. Evaluation

Students will be evaluated through daily grades, professional grades, productivity (RVUs) and competency assessment.

All patients will be treated within 4 weeks of initial assignment. Minimum requirement is four (4) Phase I treatment plans written following comprehensive oral examination (D0150.90. Student must successfully complete one " moderate or extensive needs" TPC 2 competency **Assigning Grades**

Each clinic session will be graded daily on a scale of 1.00-4.00 for:

1) quality of clinical care - daily grades (70%)

2) Professionalism (P/F)

The student must complete a minimum of 4 Phase I treatment plans

3) RVU totals (30%)

4) Competency Evaluations (P/F)

TEAM leader approval of Completed Case Patient

Clinical Oral Diagnosis and Treatment Planning Syllabus Overview						
Semester	Summer 6	Fall 7	Spring 8	Summer 9	Fall 10	Spring 11
Course	DEN7761L	DEN7761L	DEN7766L		DEN8768L	DEN8768L
<u>Daily Grade (70%)</u>				According to UFCD clinical rubric		
<u>Average of daily grades</u>				Patient and Appointment Management Problem solving, Clinical reasoning and integration of Relevant Scientific Evidence Clinical Skill Professionalism		-E: Exceeded expected outcome -A: Achieved expected outcome -M: Modification needed -N: Did not meet expected outcome
<u>Quantity (30%)</u>	1: < 499 2: 500-750 3: 751-900 4: 901-1300	1: < 1301 2: 1350- 1550 3: 1551-1800 4: 1801- 2019	1: < 2020 2: 2021-2300 3: 2301-2800 4: 2801-3051	1: < 3052 2: 3052-3300 3: 3301-3949 4: 3950-4500	1: < 4501 2: 4502-4700 3: 4701-4900 4: 4901-5000	1: < 5001 2: 5002-5500 3: 5501-5600 4: 5801-6000
<u>RVUs</u>						
<u>Letter Grade</u>	<u>4 point Scale</u>	<u>Percentage Scale</u>		<u>Semester Grade:</u>		
A	3.80- 4.00	95-100		Daily Quality Grade: Quantity (RVUs):	70 % 30% <u>100%</u>	
A-	3.60- 3.76	90-94.99				
B+	3.40- 3.59	86-89.99				
B	3.20- 3.39	82-85.99				
B-	3.0- 3.19	80-81.99				
C+	2.8- 2.99	74-79.99				
C	2.5- 2.79	72-73.99				
E	<2.50	<72				

Remediation:

Mean Daily and Professionalism grade point scale (See Grade Scale) A course grade of "I" will result for an attempted but incomplete competency evaluation; the "I" grade will be lifted upon successful

remediation. Remediation of all "I" grades must occur within 15 calendar days of the stated end of the enrollment block. Unsuccessful remediation of the "I" grade will result in a final course grade of "E". Failure to attempt a required competency prior to the stated end of an enrollment block will result in a course grade of "E". An "E" grade must be remediated; the final grade for the enrollment block will be a "remediated D".

X. Administrative Practices

Administrative practices for all UFCD courses are universally applied. Exceptions to or deviations from these practices are stated in the individual syllabi by the course director. When not individually stated in the syllabus, course administrative practices default to those identified under "Course Policies" on the DMD Student Website:

<https://dental.ufl.edu/education/dmd-program/course-policies/>

XI. Grade Scale

DEN7766L Grade Scale

Method Letter Grade

Scale 100

Tolerance 0

<72	<2.50	E
72-76	2.50- 2.79	C
77-80	2.80- 2.99	C+
81-84	3.00- 3.19	B-
85-88	3.20- 3.39	B
89-91	3.40- 3.59	B+
92-95	3.60- 3.79	A-
96-100	3.80- 4.00	A