DEN7761L: Oral Diagnosis/Medicine & Treatment Planning I
Summer 2021

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:
Course director: Dr. Annetty Soto
Assistant Director: Dr. Rajendra Gohel
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Course Credits: 1
Semester: Summer

Contributing Faculty

<table>
<thead>
<tr>
<th></th>
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<th>Email</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
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- Elaina Bouno (352) 273-5850 ebuono@dental.ufl.edu  TA / Grade Administrator
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- Margeaux C Johnson (352) 273-5948 MJohnson@dental.ufl.edu  TA / Grade Administrator

Prerequisite Course

- Successfully completion of Introduction to clinical diagnosis and treatment planning course- DEN 6302C

II. Course Goal

The goal of the 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 Overview

The course is based on clinical patient encounters, large group participation, and small group seminars to develop skills in patient examination, clinical photography, diagnostic data, and treatment plan entry in AxiUM. (AxiUM is the electronic health record (EHR) and clinical management system used by the Univ 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.

There are several reasons why a comprehensive treatment plan, followed by a systematic evaluation is the central element 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

Successful completion of this course is required to progress to DEN7772L. It is a required prerequisite; a student may not continue in the next course in a series if they do not successfully pass or successfully remediate the prior course.
When starting a Comprehensive oral examination (COE) for new or existing patients, teaching and clinic opportunities are be expected for the following:

<table>
<thead>
<tr>
<th>Patient Evaluation and Assessment</th>
<th>Prior clinic encounter</th>
<th>Clinic encounter</th>
<th>Next steps</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review and analysis of medical and dental history Radiographic interpretation</td>
<td>· 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.)</td>
<td>· Evaluation of findings · Comprehensive problem/diagnosis list</td>
</tr>
<tr>
<td>Diagnoses and consultations</td>
<td>Formulation and interpretation diagnoses and problem list</td>
<td>· Specialist consultations, risk assessments, and formulation of recommendations · Quality control data collected for diagnosis (mounted diagnostic casts, photos, etc.) · Organization diagnosis/ problem list with the recommended treatment · Patient education (chief complaint vs. treatment options, financial and time considerations) · Foundation of the treatment plan · Anticipation of referrals</td>
<td>Phasing and sequencing different options for treatment · Discussions with Team leader regarding options for treatment · Relationship between diagnosis, problems treatment proposed</td>
</tr>
<tr>
<td>Treatment plan presentation and acceptance</td>
<td>Prognosis and analysis of treatment outcomes</td>
<td>· Treatment plan presentation and approval by patient and Team leader</td>
<td></td>
</tr>
</tbody>
</table>


### Oral Diagnosis/ Medicine & Treatment Planning

<table>
<thead>
<tr>
<th>Semester</th>
<th>Sum/6</th>
<th>Fall/7</th>
<th>Spr/8</th>
<th>Sum/9</th>
<th>Fall/10</th>
<th>Spr/11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DEN 7761L</td>
<td>DEN 7766L</td>
<td>DEN 8768L</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

#### Skills Assessments & Exercises

**Before the D3 can be the primary provider for a new patient exam (COE), D3 needs to assist with D4:**

- Two codes COE assists D00150

**When the above is not possible,**

- One COE assist D00150
- One POE/PTA assist D00120

#### Virtual clinic activities

**Two codes below with D3 associate**

- D0150
- D0120

#### Jr case presentation during Small groups

- Completion of patients assigned and identification complexity of needs

**A.** Identify patients in your care for whom you have completed all of the following codes:
1. D0150
2. D0120DC
3. D0120CC

**B.** Recognition of the complexity of the dental needs by completing these codes:
- Tx plan present Routine (D00004)
- Tx plan present Moderate (D00005)
- Tx plan present Extensive (D00006)

#### Screening Rotation

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Rotation 1 cont./Rotation 2</th>
<th>Rotation 1</th>
<th>Rotation 2</th>
<th>Rotation 3</th>
<th>Rotation 3 cont./Rotation 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1: &lt; 399</td>
<td>1:  &lt; 1201</td>
<td>1:  &lt; 2021</td>
<td>1:  &lt; 3051</td>
<td>1:  &lt; 5501</td>
</tr>
</tbody>
</table>

#### RVU

|          | 1: < 3051                    | 1:  < 3051 | 1:  < 5501 | 1:  < 5501 | 1:  < 7001                  |

- Comprehensive Head/Neck Competency Assessment *(GD1-C)*
<table>
<thead>
<tr>
<th>Competency Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Special Needs Competency Assessment (GD2-C) S/U (refer to the UFCD definition for special needs patients assessment and accommodations for oral health care delivery document) (.PPT Template provided.) The student must be the primary provider for the initial COE exam for this patient. The student will present a PowerPoint presentation to team leaders or the course director. The student must schedule a presentation via email. After the presentation, the faculty enters the axiUm grading form TPCMx, and students will self-assess in CANVAS.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>0 Completed Case Presentation (GDRP1-O)</th>
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<tbody>
<tr>
<td>Powerpoint presentation presented to a faculty panel documenting a treatment plan and case completion. The final ppt presentation is due at the time of presentation. .PPT template provided for guidance.</td>
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<table>
<thead>
<tr>
<th>Graduation Requirements</th>
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<tbody>
<tr>
<td>Medical risk assessment for an ASA III patient D00009- Use medical consult code D9311</td>
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<tr>
<td>PTA-DC - Minimum of 6 by the end of semester 11</td>
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<tr>
<td>PTA-CC - Minimum of 2 by the end of semester 11</td>
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<table>
<thead>
<tr>
<th>Semester Grades</th>
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<tbody>
<tr>
<td>70% Average Daily grades, 30% RVU, Professionalism = S/U</td>
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</table>

Note: Students earn an additional 60 RVUs for assisting another student doing a COE/POE assists procedure provided the student assists the entire clinic session. Maximum assisting RVUs allocated towards grade is 40%.

**IV. Course outline semester six**

Students will have and are encouraged to take advantage of the opportunity to observe faculty/patient interaction, to ask for and receive feedback from faculty regularly, and to practice diagnostic skills and interview techniques necessary to elicit and collect valid and reliable
histories and data. Students will use electronic records as well as other resources to support the diagnosis and planned treatment. Students are expected to present treatment options to patients and obtain informed consent.

**Semester Six Expectations**

As part of the transition into the clinic, students are expected to complete two new patient comprehensive oral examination assists (including visits for data collection and treatment plan presentation). It is expected that students can participate and collaborate closely with the senior clinical associate as the patient is mutually assigned to the case.

- Virtual patients in axiUm training:

As part of the onboarding process into clinical care, simulation cases in axiUm will help students achieve practice entering information into axiUm, following protocols for new patient examinations, and evaluating diagnostic data with the ensemble of treatment plan options. These typodont patients will be assigned during the course orientation. Once set, the students will be assigned to complete the information requested on these records. The students will evaluate the information and approve the code for COE D0150 completed for a RVU’s and daily grade based on the student's performance.

- Treatment plan assists

All patients are treated within six weeks of the initial assignment. Once the student has completed both assist codes, the student will notify the team leader, patient treatment coordinator, and the director of patient assignment & screening to be assigned new patients as the primary provider. Patients are anticipated to have a routine to moderate dental needs for this level of training.

<table>
<thead>
<tr>
<th>DEN 7771L</th>
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<tbody>
<tr>
<td><strong>Summer Semester 6</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Course Skills Assessments Exercises</strong></td>
<td><strong>Virtual patients in axiUm training (typodont)</strong></td>
</tr>
<tr>
<td><strong>Two treatment plan assists with senior clinical associate</strong></td>
<td><strong>Exception when the above is not possible</strong></td>
</tr>
<tr>
<td></td>
<td><strong>2 COE assists D00150</strong></td>
</tr>
<tr>
<td></td>
<td><strong>1 COE assist D00150</strong></td>
</tr>
<tr>
<td></td>
<td><strong>1 POE/PTA assist D00120</strong></td>
</tr>
<tr>
<td><strong>Daily Grades</strong></td>
<td><strong>70%</strong></td>
</tr>
</tbody>
</table>
We expect that The student must complete all the Skill Assessments (competencies) and Clinical Experiences in the DMD clinics.

V. Course Material

Referenced texts:
1. Treatment Planning in Dentistry, 2nd Ed. Stephanac, Nesbit, Mosby, 2007 (used in DEN 6302C)

Referenced manuals:
UFCD Clinical Procedural Manual
Quality Assurance Manual
University of Florida – College of Dentistry Management of Medically Complex Patients and Medical Consultation Guidelines

Materials on reserve (Media Reserve):

Optional resource:
HSC Dental Library Guide

VI. 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

### VII. 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 a 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.

13. **Assess Patients with Special Needs:** Assess the treatment needs of patients with special needs.

26. **Provide oral health care within the scope of general dentistry to include screening and risk assessment for head and neck cancer. This course assesses the following competencies in the Competencies for the New Dental Graduate.**

### VIII. Evaluation

#### Semester Six Expectations

Develop interviewing, diagnosis, and basic treatment planning skills. The student will have and are encouraged to take advantage of the opportunity to observe faculty/patient interaction, to ask for and receive feedback from faculty regularly, and to practice diagnostic skills and interview techniques necessary to elicit and collect valid and reliable histories and data. Students use electronic media as well as written resources to provide support for diagnosis and planned treatment. The student is expected to write consultation letters as appropriate, using sample documents and assistance from the attending faculty. As part of academic clinical training, it is expected that the students will present treatment options to their patients and obtain informed consent.
Demonstration of Competence

The TEAM leaders will evaluate treatment Planning Competency One (TPC 1). The initial TPC 1 is completed during semester 6 or 7 on a patient pre-assessed by faculty with "routine or moderate" treatment needs. The student must have documented at least two initial phase disease control treatment plans following a comprehensive oral examination (D0150.90) before challenging the first competency evaluation.

Limited care treatment plans are excluded from these competency assessments. These demonstrations must be scheduled ahead of time, and depending upon the complexity of the case, may need to be completed during one or more clinic sessions.

The student provider may present patients of your choice to challenge TPC 1. As part of the regular clinical start-check procedure, each student is required to announce his or her intention to challenge any competency evaluation before 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 patient's health or compromise treatment. Students will select a patient who has caries and periodontal needs. According to Guidelines for Competencies in the Treatment Planning Manual (see document section), the student will prepare a presentation reviewing all findings and options for completing all initial phase "Disease Control" dental treatments. The assessment will be documented by completing the Examination/ Diagnosis/Treatment Planning Competency Assessment Form (see document section). To successfully complete a competency, each of the six modules on the assessment form must be self-assessed by the student dentist before being judged and evaluated as "competent" by the faculty member. Any module ruled 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 competency assessment process's timeliness and completion.

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

| Routine          | Perio needs—Type I or II, gingivitis, or localized periodontitis. |
|                 | Operative needs—minimal, straightforward, intra-coronal.          |
|                 | Prostho needs—minimal or none. Appropriate for DEN 7761L TPC 1.   |
| Moderate        | Perio needs—Type II or III, local or generalized periodontitis.   |
|                 | Operative needs—straightforward, some cuspal protection.          |
|                 | Prostho needs—some replacement therapy likely, possible Phase II treatment |
|                 | plan required. Appropriate for DEN 7761L TPC 1 or DEN7766 TPC2.   |
**Definition of special needs for UFCD Program**

Dental health care professionals are responsible for providing comprehensive oral health care to all people; children (6-21 years), adults (over 21 years), the medically compromised, including disabled, and those with special needs.

Regarding DMD student education, the college defines people with special needs as individuals who have medical disorders, physical limitations, intellectual impairments, or psychological/social conditions that impact the delivery of oral health care. People with special health care needs, including those aged 0-5 years, often require more time, effort, and accommodation by the dental team. In addition, the dental team may need to modify their routine treatment procedures to provide care that is appropriate for the needs of the individual.

Dental students at the University of Florida provide comprehensive oral health care to people with special health care needs, including the following disorders or conditions.

Any of the following would meet the definition of “special needs” in UFCD predoctoral program:

- **Developmentally Disabled**
  - Disability occurred before the age of 22
  - Impairment of general intellectual functioning
  - It can be the result of cerebral palsy, seizure disorder, autism, or other neurological conditions.

- **Physically disabled**
  - Long-term loss of physical function that substantially limits one or more major life activities. This includes impairments of the sensory functions, neurological, skeletal, cardiovascular, respiratory, and endocrine systems.
  - Examples include vision loss, deafness, spina bifida, speech disorders, and others.

- **Mentally disabled**
  - A mental or behavioral pattern or anomaly that causes the impaired ability to function in ordinary life is not developmentally or socially normative.
  - Includes anxiety, major depression, bipolar disorder, schizophrenia, OCD, eating disorders, and others

- **Complex Medical Problems**
  - Any condition which is included in the AxiUm, electronic health record, as a “medical alert”* (See attachment for complete list)

  A summary by category follows.
  - Allergies to medications, medical dyes, dental materials
  - Alcohol abuse
  - Bisphosphonates – IV or oral
  - Cardiovascular – (Congenital Heart Disease, Cardiac transplant, Prosthetic cardiac valve, Previous Infective Endocarditis )
- Cancer/Malignancy
- Endocrine disorder
- GI disorder
- Hematologic disorders /bleeding disorders
- Hepatitis C - Active or chronic
- Hepatitis B - Active or chronic
- History of radiation therapy to head and neck area
- Immune suppression (medication-induced, chemotherapy, autoimmune condition, HIV/AIDS)
- Premedication necessary for Cardiovascular issues or Prosthetic Joint Replacements
- Prosthetic joints
- Pulmonary /Severe COPD
- Recreational drug abuse
- Severe dementia
- Unstable angina
- Uncontrolled asthma
- Uncontrolled seizure disorder
- Language deficient – Requires translator or similar assistance.

Remediation

Remediations will require additional review of materials and either a repeat of an exercise or completion of additional exercises approved by the Course Director. There is no penalty for attempting a Treatment Planning Competency evaluation and being judged "competent". If a student fails the evaluation, he/she must retake that specific competency no later than the end of the enrollment block. Failure to pass any one of the required four competencies will affect the final letter grade for the enrollment block in which the competency was or should have been attempted.

Any TEAM leader may evaluate the Treatment Planning Competency. The student must have documented at least two initial phase disease control treatment plans following a comprehensive oral examination (D0150.90) before challenging the assigned competency evaluation for the course. Limited care treatment plans are excluded from these competency assessments. These demonstrations must be scheduled ahead of time and dependent upon the complexity of the case may need to be completed during one or more clinic sessions.

Assigning Grades

Student performance will grade each clinic session on a scale of:

4-Exceeded Expected Outcome
3-Achieved Expected Outcome (deemed to be of satisfactory quality)
2-Modification/Intervention Necessary (the outcome was satisfactory after unanticipated or unwarranted modification and/or intervention)
1-Did Not Meet Expected Outcome (deemed to be below a marginally acceptable quality and may require repair/replacement)
An intervention program is mandatory if any of the following occur:

- a student receives three or more “Did Not Meet Expected Outcome” on the Daily Clinical Assessments in three or more different clinic sessions within the same semester or semester-like period of time (16 weeks). This intervention program may begin mid-semester.
- a student receives two “Did Not Meet Expected Outcome” on the Daily Clinical Assessments on two or more different clinic sessions and a failing grade on one Skill Assessment within the same semester or semester-like period of time (16 weeks). This intervention program may begin mid-semester.

The SPEC will be notified at the beginning and end of the intervention program. Once the intervention program is completed, the student will receive a “C” grade. If the program is not completed, the student will receive an “E” grade for that semester without further remediation, will be immediately suspended from doing any treatment planning procedures in the clinic, and will be referred back to the SPEC.

Grade Weights

1. Quality of clinical care - daily/professionalism grades (70%) The student must complete a minimum of 4 Phase I treatment plans
2. RVU totals (30%)
3. Competency Assessment S/U (Students must successfully TPC1 by the end of the semester. SEE BELOW)

Mean Daily and Professionalism grade point scale (See Grade Scale)

RVU totals grade point scale:

1: < 399
2: 400-650
3: 651-700
4: 701-1200

A course grade of "I" will result in 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.

X. Grade Scale

Tolerance 0 (Final letter grades within this range will be rounded up.)

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>4 point Scale</th>
<th>Percentage Scale</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>3.80-4.00</td>
<td>95-100</td>
</tr>
<tr>
<td>A-</td>
<td>3.60-3.79</td>
<td>90-94.99</td>
</tr>
<tr>
<td>Grade</td>
<td>Minimum</td>
<td>Maximum</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>B+</td>
<td>3.40-3.59</td>
<td>86-89.99</td>
</tr>
<tr>
<td>B</td>
<td>3.20-3.39</td>
<td>82-85.99</td>
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<tr>
<td>B-</td>
<td>3.0-3.19</td>
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<tr>
<td>C+</td>
<td>2.8-2.99</td>
<td>74-79.99</td>
</tr>
<tr>
<td>C</td>
<td>2.5-2.79</td>
<td>72-73.99</td>
</tr>
<tr>
<td>E</td>
<td>&lt;2.50</td>
<td>&lt;72</td>
</tr>
</tbody>
</table>

**IX 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/](https://dental.ufl.edu/education/dmd-program/course-policies/)

For further information on any of the practices listed below, consult the UFCD Student Handbook and [UF Attendance Policies](#).

*This syllabus is intended to give the student guidance in what may be covered during the semester and will be followed as closely as possible. However, the professor reserves the right to modify, supplement and make changes as the course needs arise.*