AMERICAN DENTAL EDUCATION ASSOCIATION

ADEA eLearn Webinar

Using Graded Blog-facilitated Discussions to Enhance Student-directed Learning

Tuesday, June 28, 2022 | 2:00 p.m. - 3:00 p.m. ET

ADEA | THE VOICE OF DENTAL EDUCATION

Speakers:

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Disclosure

Dr. Watkins is the designated “inventor” of the intellectual property contained in the referenced patent (Patent # 11,170,658) and the grading system. The rights were assigned from the inventor to the Chancellor of East Carolina University as is required under the terms of employment. A license for the rights to this intellectual property have been licensed to a commercial entity. As of this presentation no financial consideration has been generated from the commercialization of the technology. The inventor and university reserve the right to future financial consideration.

Objectives

- Review the basics of CBL and PBL,
  - through the lens of microblog presentation to facilitated small groups.
- Introduction to the philosophy and processes for screening and grading microblog threads and posts.
- Explore the meaning of the analytics that are synthesized from the grading process.
  - What it means to a PBL "**Instigator**." "**Filler**," "**Cheerleader**," and "**Lurker**."
  - Then will discuss how to use these characterizations to enhance participation in student-directed learning.

PBL - CBL

- Problem-Based Learning has many definitions, and it is often conflated with Case-Based Learning.
- For the purposes of this presentation, **Problem-Based Learning** (PBL) will be defined as (1) Open-Ended, (2) Student-Directed, and (3) Faculty-Augmented discussion of any problems related to an educational program—in this case, dental education.
- **Case-Based Learning** (CBL) will be defined as (1) Faculty-Directed, (2) Single-Disclosed or Progressively-Disclosed, (3) Clinical Case-Focused work that will result in a final document for grading relative to a rubric for quality.
- Using these definitions, it is possible to use PBL to support CBL, and it is also possible to use each technique independently.

What is the end goal?

Kill 13 birds with one technique

Competent dentists who can:

- Problem Solve/Critically Think (CODA 2-11, 2-17, 2-21, 2-22, 2-25)
- Connect the Basic Sciences to Clinic (CODA 2-15, 2-23)
- Work with others (CODA 2-20)
- Format data into
  - Treatment plan (2-24a, 2-24c, 2-24m)
    - SOAP notes on patients
  - Outcome Assessment (2-24o)

Integrated Curriculum (CODA 2-7)

How do we stage the process?

Begin with the end in mind

D1 – Basic “Yammer” PBL Groups (training wheels)

D1 – Group Cases

(with Basic Sciences - Simple SOAP)

D2 – Group Treatment Planning Cases

(with Oral Medicine and Oral Pathology)

D2b – Individual Treatment Planning Cases

D3 – Summative Skills Assessments

Emergency, Evidence-Based Treatment Plans,

Outcomes of Care

D4 – Rotation Reflections

Ethics, Diversity, Practice Management

Page Types

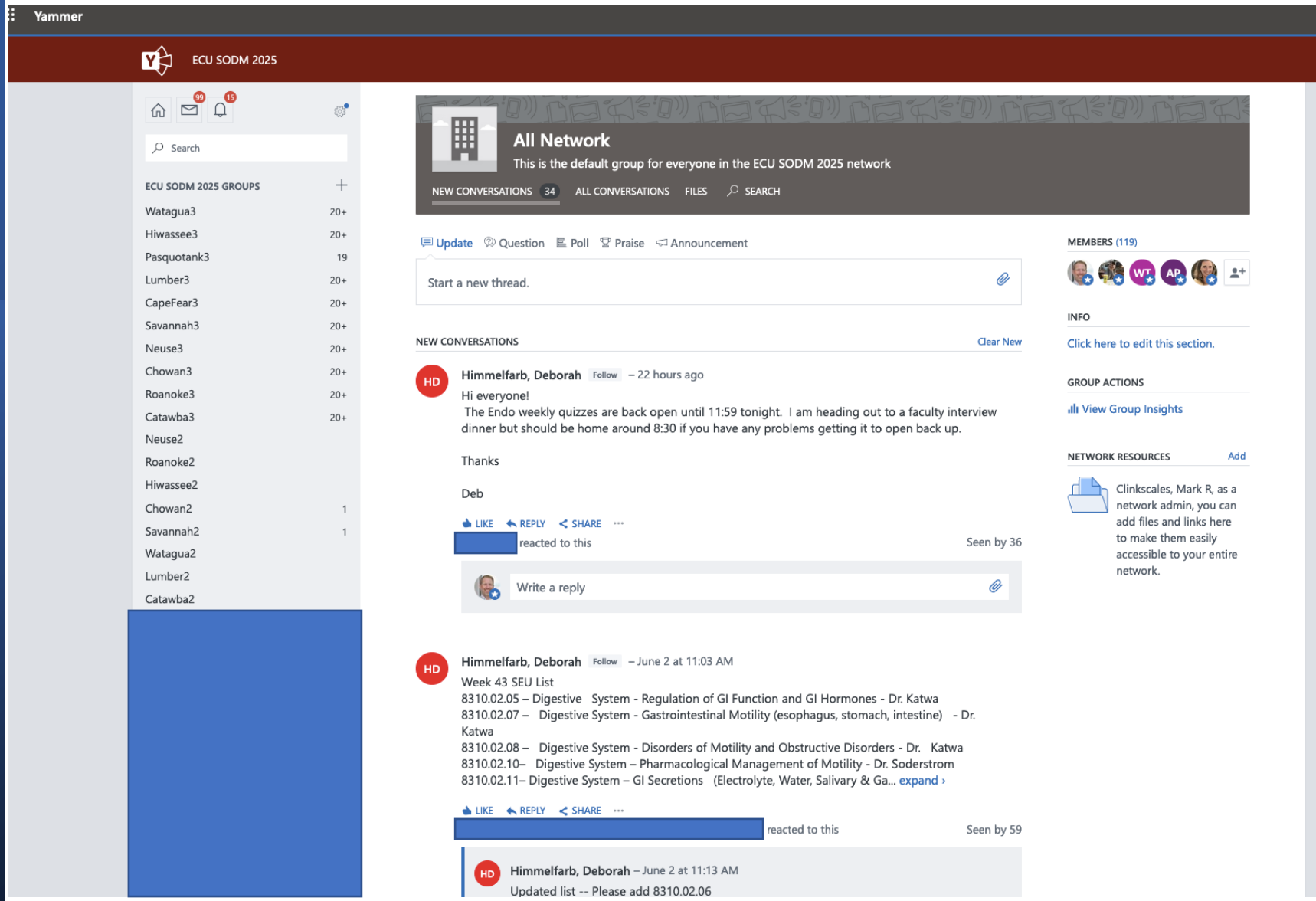
ALL NETWORK

GROUP PAGES

INDIVIDUAL PAGES

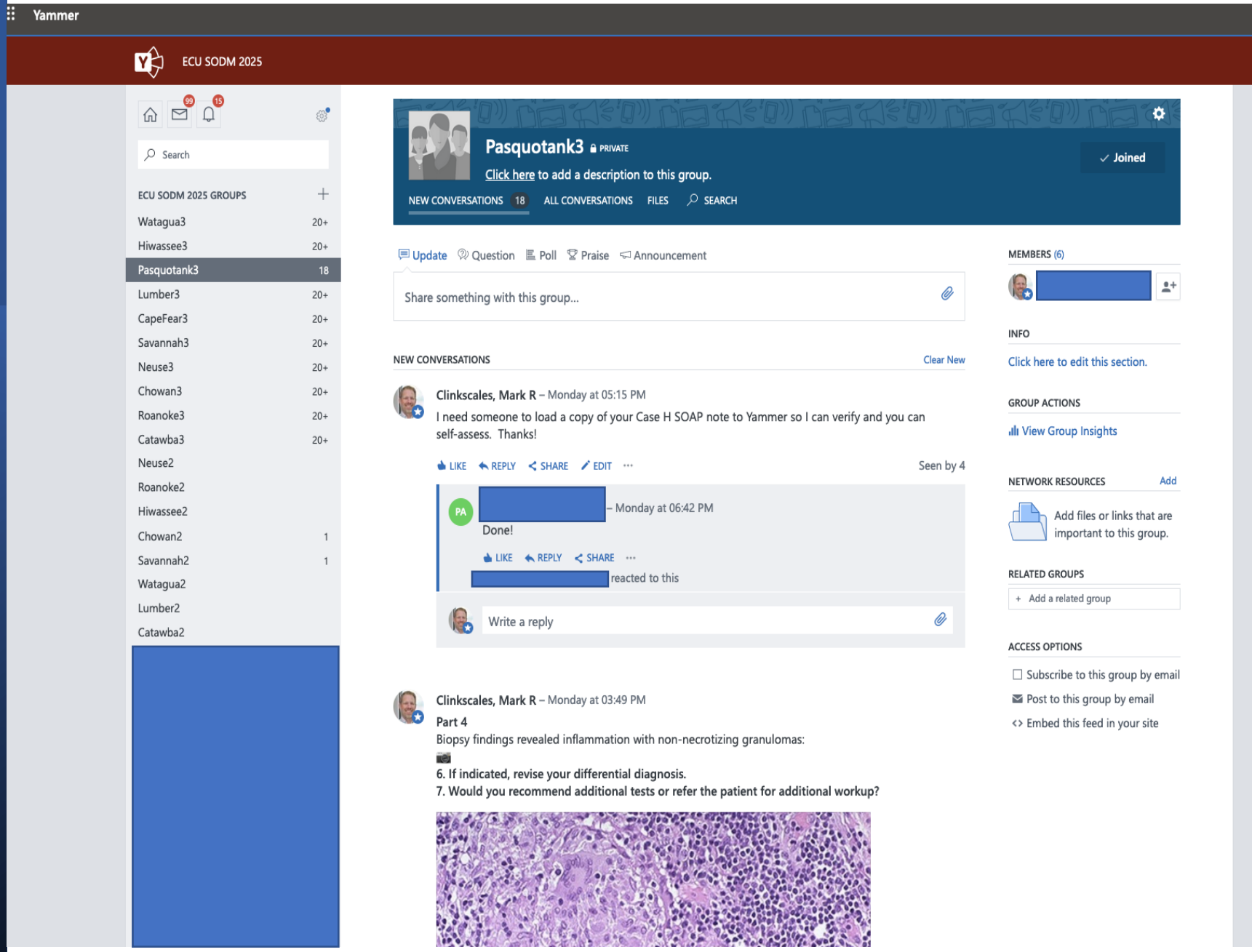
All Network

- Share Lecture Slides
- Announcements to entire Group
- All Faculty and Students



Group Page

- How are the groups determined?
  - Term 1: Random
  - Term 2: By analytics from prior student performance
  - Term 3: By analytics
  - Term 4: By analytics
  - Term 5 - Term 11: Random
- Used also to store Group SOAP notes from Progressive Disclosure Cases

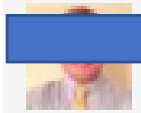


Let’s get started…..

Setting up the systems

- Why did we pick Yammer
  - Works like Facebook
  - **Export Data for Grading**
  - Owned by Microsoft so….
    - Ability to Manage Documents in Word (like Teams)
    - Privacy for Personal Pages and Documents

Content Posts



[redacted]: Interesting:

To treat the disorder there are several types (around 10). Thus treatments are highly variable. However for those that can be treated, it is relatively easy given the aggressive treatments used in some other disease treatments. They would need to stay on a very high carbohydrate diet and feed at night time. Uric acid can also be a common symptom that causes Gout (very painful in the joints) so medications are often required as well.

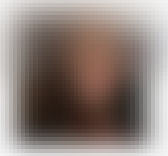
http://www.cincinnatichildrens.org/health/g/gsd/

Glycogen Storage Disease (GSD)

www.cincinnatichildrens.org

Glucose is a large energy source for the body. It is stored by the body in the f...

Logistics Posts



[redacted] Do you all think we should add definitions or anything on our slides to describe what's pictured?

Friday at 2:03pm · Like · Reply · Share · More

Other Posts

SG

Saul Gonzalez: Great job team!

Friday at 2:14pm · Like · Reply · Share · More

Threads and Posts

- A Thread is comprised of multiple Posts made by the different members of the group.

CONVERSATION ACTIONS

Follow in Inbox

LM – February 3 at 12:08 AM

QUESTION: Have you guys heard of mewing? It is a recent internet fad where the jaw can be displaced by tongue placement/exercises to create and ideal alignment and aesthetics all without orthodontic treatment

LIKE REPLY SHARE ••• Seen by 4

SM – February 3 at 09:18 AM

RESPONSE: I have not heard of this. I looked it up and it seems like it is the technique of flattening out your tongue against the roof of your mouth. Over time, the movement is said to help realign your teeth and define your jawline because your muscles will remember how to place your tongue in the correct mewing position so it becomes second nature. I don't see how this would actually work honestly

LIKE REPLY SHARE •••

PK – February 3 at 09:22 AM

RESPONSE: I have not heard of this butt am interested to know the effects of that since it seems to be doing something that dental appliances should do

LIKE REPLY SHARE •••

LM in reply to – February 3 at 09:33 AM

RESPONSE: Based on this source it seems that mewing was invented by an orthodontist in the UK and he lost his license based on pushing mewing without any evidence to back it up.

https://www.nytimes.com/2020/08/20/magazine/teeth-mewing-incels.html

How Two British Orthodontists Became Celebrities to Incels

www.nytimes.com •••

Grading
Why do we grade?

- Participation
  - Won’t do it if not graded
- Teamwork
  - Some do not trust teamwork
- Reduction of Fear
  - Fear of looking stupid
  - Fear of doing something different

Thread 15 of 41

E68200B3 Mon, Jan 11, 2016 at 11:02 AM

Breakout: A 38 year old female is seen for periodic exam. The dentist notes that when the patient extends her tongue it deviates to the left side. Atrophy near the base of the left side of the tongue is also noted. Describe this patient's condition. Suggest factors that might have caused it and how they could be studied.

Post Type

Content | **Logistics** | Other | Trash

8A66FE3E Mon, Jan 11, 2016 at 11:03 AM

Mot likely palsy of the hypoglossal nerve (CN XII), probably from compression due to infection/inflammation.

Post Type

Content | Logistics | Other | Trash

Microcompetency	0.1	0.2	0.3	0.5	1.0	5.0	
2620.026.008.000 - Cranial Nerve Disorders, General	✔						🗑

Select Microcompetency... ○ ○ ○ ○ ○ ○

Commit Status

☐ Committed

7C8030A5 Mon, Jan 11, 2016 at 11:03 AM

Deviation of the tongue to one side suggest hypoglossal nerve palsy which can rise from stroke or compression

Post Type

Content | Logistics | Other | Trash

Microcompetency	0.1	0.2	0.3	0.5	1.0	5.0	
2620.026.008.000 - Cranial Nerve Disorders, General	✔						🗑

Select Microcompetency... ○ ○ ○ ○ ○ ○

Commit Status

☐ Committed

E68200B3 Thu, Jan 14, 2016 at 10:52 AM

Facial nerve palsy causes reduced movement of the cheek muscles, and the side of the mouth does not turn down (al 364) al, Douglas e. MacLeod's Clinical Examination, 13th Edition. Elsevier Health Sciences, 2013. VitalBook file.

Post Type

Content | Logistics | Other | Trash

Microcompetency	0.1	0.2	0.3	0.5	1.0	5.0
2620.026.008.002 - Facial nerve disorders	✔					

Select Microcompetency...

Commit Status

☐ Committed

SoDM8119 - Clinical Medicine Case Seminars 1 (19) - Section 001Y - Assessment 01 - Week 02 Yammer

Details | Grading Summary | Grade Report

High	42.3
Average	30.6
Low	23.2

Rank	Student Name	ReVUs	Score	Pass/Fail	Date of Completion
1	[redacted]	42.3	N/A	N/A	Sun, Sep 6 2015
2	[redacted]	39.2	N/A	N/A	Sun, Sep 6 2015
3	[redacted]	38.4	N/A	N/A	Sun, Sep 6 2015
4	[redacted]	36.3	N/A	N/A	Sun, Sep 6 2015
5	[redacted]	36.0	N/A	N/A	Sun, Sep 6 2015
6	[redacted]	35.9	N/A	N/A	Sun, Sep 6 2015
7	[redacted]	35.8	N/A	N/A	Sun, Sep 6 2015
8	[redacted]	35.7	N/A	N/A	Sat, Sep 5 2015
9	[redacted]	35.6	N/A	N/A	Sun, Sep 6 2015
10	[redacted]	35.5	N/A	N/A	Sun, Sep 6 2015
11	[redacted]	35.0	N/A	N/A	Sat, Sep 5 2015
12	[redacted]	34.7	N/A	N/A	Sat, Sep 5 2015
13	[redacted]	34.1	N/A	N/A	Sat, Sep 5 2015
14	[redacted]	34.0	N/A	N/A	Sun, Sep 6 2015
15	[redacted]	33.3	N/A	N/A	Sun, Sep 6 2015

Report

	Group Rank	Participation By Group High	Class Rank	Participation By Class High	Total	01 - Week 02 Yammer	02 - Week 03 Yammer	03 - Week 04 Yammer	04 - Week 05 Yammer	05 - Week 06 Yammer	06 - Week 07 Yammer	07 - Week 08 Yammer	08 - Week 09 Yammer	09 - Week 10 Yammer	10 - Week 11 Yammer	11 - Week 12 Yammer	12 - Week 13 Yammer	13 - Week 14 Yammer	14 - Week 15 Yammer	15 - Week 16 Yammer	16 - Week 17 Yammer	17 - Week 18 Yammer	18 - Week 19 Yammer	19 - Week 20 Yammer
Summary Statistics																								
Group High					2,291.8	203.7	114.8	91.0	172.2	140.0	339.5	303.8	30.0	191.1	81.9	179.4	111.3	90.3	93.1	66.0	99.4	33.6	N/A	N/A
Group Average					1,368.4	159.8	72.5	52.1	76.1	77.0	204.9	169.1	11.6	120.4	54.6	125.4	56.1	59.6	40.5	41.3	50.0	14.6	N/A	N/A
Group Low					960.0	123.6	54.6	38.9	40.2	44.4	102.6	84.6	3.0	78.4	24.6	65.4	25.2	29.4	19.8	22.8	28.8	4.2	N/A	N/A
Group Stdev					359.8	27.6	20.6	14.4	35.4	25.8	60.5	60.1	10.8	35.1	18.6	34.8	28.9	20.2	19.6	14.2	19.0	13.5	N/A	N/A
0102EAE7	**1**	**100.0%**			**2,291.8**	**203.7**	**114.8**	**91.0**	**172.2**	**140.0**	**339.5**	**303.8**	**N/A**	**191.1**	**81.9**	**172.2**	**111.3**	**90.3**	**93.1**	**53.9**	**99.4**	**33.6**	**N/A**	**N/A**
1496748D	1	100.0%	1	100.0%	409.3	35.7	20.4	16.0	30.7	24.7	61.3	54.2	N/A	34.2	15.2	29.7	20.5	16.9	16.9	10.0	17.1	5.8	N/A	N/A
2742F802	2	98.5%	2	98.5%	403.1	35.0	20.5	16.4	30.4	24.7	59.4	53.7	N/A	33.3	14.8	30.1	20.1	15.9	15.2	9.5	18.0	6.1	N/A	N/A
1ED1A166	3	96.7%	3	96.7%	395.7	34.7	18.9	16.1	27.9	22.9	59.0	54.0	N/A	33.4	14.6	31.0	18.3	15.7	16.3	9.1	18.0	5.8	N/A	N/A
8A66FE3E	4	91.4%	4	91.4%	374.3	34.1	18.9	15.3	29.0	22.8	55.2	47.6	N/A	31.4	13.0	27.7	18.5	14.3	15.4	9.3	15.9	5.9	N/A	N/A
FC799BF9	5	87.5%	5	87.5%	358.3	32.0	18.1	13.4	27.1	22.6	51.3	47.1	N/A	30.2	12.3	28.0	17.2	14.2	15.7	8.1	15.8	5.2	N/A	N/A
E1B69577	6	85.8%	6	85.8%	351.1	32.2	18.0	13.8	27.1	22.3	53.3	47.2	N/A	28.6	12.0	25.7	16.7	13.3	13.6	7.9	14.6	4.8	N/A	N/A
0A79C88E	**2**	**69.3%**			**1,587.9**	**141.2**	**63.8**	**38.9**	**65.4**	**84.7**	**254.9**	**252.1**	**30.0**	**148.2**	**74.8**	**137.8**	**65.3**	**74.2**	**30.7**	**66.0**	**53.9**	**6.0**	**N/A**	**N/A**
1827A5ED	1	100.0%	7	81.6%	334.0	28.8	12.6	8.1	13.7	17.3	53.4	52.8	7.0	31.5	15.8	29.8	13.7	15.8	6.6	13.6	12.2	1.3	N/A	N/A
67C13175	2	99.6%	8	81.3%	332.7	29.0	13.1	7.8	13.0	16.9	52.3	52.8	7.0	30.2	15.3	29.9	14.6	16.2	7.3	13.8	12.0	1.5	N/A	N/A
9B9D3CD8	3	95.7%	9	78.1%	319.6	28.6	12.9	8.0	13.2	18.5	53.2	50.7	6.0	29.9	14.7	27.2	12.4	14.7	5.9	12.8	9.9	1.0	N/A	N/A
CB843688	4	90.1%	10	73.5%	301.0	26.8	12.4	7.3	12.8	16.2	48.6	48.0	5.0	28.7	14.6	25.4	12.1	13.6	5.7	12.6	10.2	1.0	N/A	N/A
D13CE9BC	5	90.0%	11	73.4%	300.6	28.0	12.8	7.7	12.7	15.8	47.4	47.8	5.0	27.9	14.4	25.5	12.5	13.9	5.2	13.2	9.6	1.2	N/A	N/A

Report

	Rank	CPA	Total	01 - Week 02 Yammer	02 - Week 03 Yammer	03 - Week 04 Yammer	04 - Week 05 Yammer	05 - Week 06 Yammer	06 - Week 07 Yammer	07 - Week 08 Yammer	08 - Week 09 Yammer	09 - Week 10 Yammer	10 - Week 11 Yammer	11 - Week 12 Yammer	12 - Week 13 Yammer	13 - Week 14 Yammer	14 - Week 15 Yammer	15 - Week 16 Yammer	16 - Week 17 Yammer	17 - Week 18 Yammer	18 - Week 19 Yammer	19 - Week 20 Yammer
Summary Statistics																							
High			**409.3**	**42.3**	**20.5**	**16.4**	**30.7**	**24.7**	**61.3**	**54.2**	**7.0**	**34.2**	**15.8**	**36.8**	**21.4**	**16.9**	**16.9**	**13.8**	**18.0**	**6.1**		
Average			**258.7**	**30.6**	**13.9**	**10.0**	**14.6**	**14.8**	**39.5**	**32.8**	**2.4**	**23.2**	**10.5**	**24.1**	**10.8**	**11.5**	**7.8**	**7.9**	**9.4**	**2.7**		
Low			**10.2**	**23.2**	**10.6**	**7.3**	**7.7**	**8.3**	**19.7**	**16.2**	**0.5**	**12.7**	**4.1**	**12.1**	**4.2**	**5.6**	**3.4**	**4.4**	**5.5**	**0.7**		
Stdev			**65.9**	**4.2**	**2.9**	**2.2**	**5.8**	**4.4**	**9.7**	**10.6**	**2.2**	**6.5**	**3.4**	**6.3**	**5.3**	**3.8**	**3.3**	**2.9**	**3.2**	**2.2**		
Individual Totals																						
1496748D	1	**4.00**	409.3	35.7	20.4	16.0	30.7	24.7	61.3	54.2	N/A	34.2	15.2	29.7	20.5	16.9	16.9	10.0	17.1	5.8	N/A	N/A
2742F802	2	**3.92**	403.1	35.0	20.5	16.4	30.4	24.7	59.4	53.7	N/A	33.3	14.8	30.1	20.1	15.9	15.2	9.5	18.0	6.1	N/A	N/A
1ED1A166	3	**3.83**	395.7	34.7	18.9	16.1	27.9	22.9	59.0	54.0	N/A	33.4	14.6	31.0	18.3	15.7	16.3	9.1	18.0	5.8	N/A	N/A
8A66FE3E	4	**3.57**	374.3	34.1	18.9	15.3	29.0	22.8	55.2	47.6	N/A	31.4	13.0	27.7	18.5	14.3	15.4	9.3	15.9	5.9	N/A	N/A
FC799BF9	5	**3.38**	358.3	32.0	18.1	13.4	27.1	22.6	51.3	47.1	N/A	30.2	12.3	28.0	17.2	14.2	15.7	8.1	15.8	5.2	N/A	N/A
E1B69577	6	**3.29**	351.1	32.2	18.0	13.8	27.1	22.3	53.3	47.2	N/A	28.6	12.0	25.7	16.7	13.3	13.6	7.9	14.6	4.8	N/A	N/A
1827A5ED	7	**3.08**	334.0	28.8	12.6	8.1	13.7	17.3	53.4	52.8	7.0	31.5	15.8	29.8	13.7	15.8	6.6	13.6	12.2	1.3	N/A	N/A
67C13175	8	**3.06**	332.7	29.0	13.1	7.8	13.0	16.9	52.3	52.8	7.0	30.2	15.3	29.9	14.6	16.2	7.3	13.8	12.0	1.5	N/A	N/A
9B9D3CD8	9	**2.90**	319.6	28.6	12.9	8.0	13.2	18.5	53.2	50.7	6.0	29.9	14.7	27.2	12.4	14.7	5.9	12.8	9.9	1.0	N/A	N/A
CB843688	10	**2.68**	301.0	26.8	12.4	7.3	12.8	16.2	48.6	48.0	5.0	28.7	14.6	25.4	12.1	13.6	5.7	12.6	10.2	1.0	N/A	N/A
D13CE9BC	11	**2.67**	300.6	28.0	12.8	7.7	12.7	15.8	47.4	47.8	5.0	27.9	14.4	25.5	12.5	13.9	5.2	13.2	9.6	1.2	N/A	N/A
E68200B3	12	**2.65**	299.0	38.4	11.3	11.6	15.3	16.2	43.0	32.5	N/A	34.2	8.4	36.8	11.1	16.5	6.8	7.0	9.9	N/A	N/A	N/A
5960C196	13	**2.58**	293.2	42.3	12.4	12.0	15.0	16.5	38.4	29.1	N/A	32.7	7.8	36.4	11.3	14.7	7.6	6.6	10.4	N/A	N/A	N/A
A84E24CD	14	**2.53**	289.0	35.6	11.2	11.3	16.1	15.9	41.2	31.5	N/A	31.7	7.7	35.6	11.3	16.1	7.0	6.8	10.0	N/A	N/A	N/A

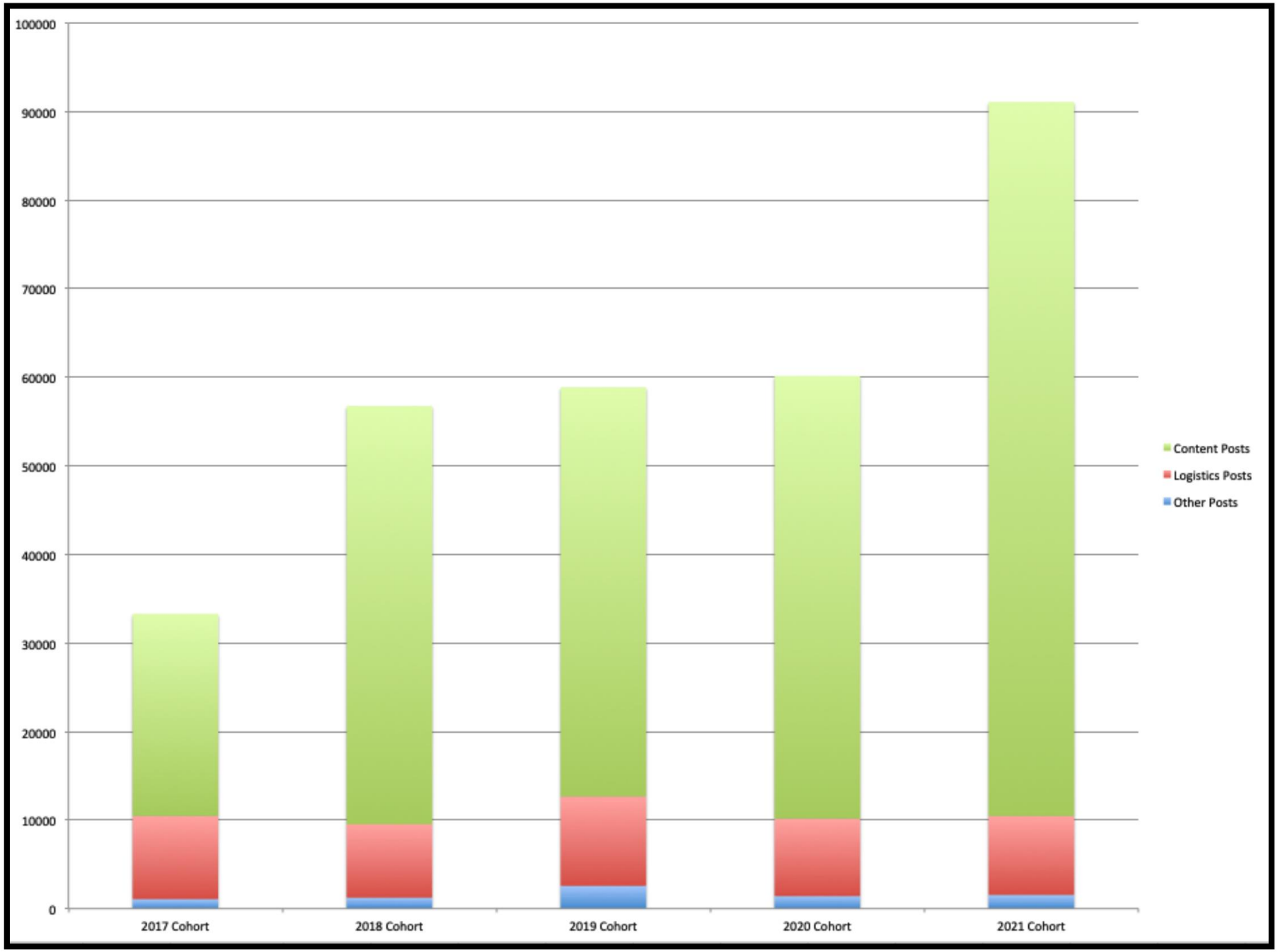
	Rank	CPA	Total	SoDM00 - Undergraduate Studies and Biomaterials	SoDM01 - Quantitative Methods (Research)	SoDM02 - Basic Genetics and Developmental Biology	SoDM03 - Basic Cell Biology and Metabolism	SoDM04 - Basic Human Immunology	SoDM05 - Basic Human Pathology and Microbiology	SoDM06 - Basic Pharmacology (and Toxicology)	SoDM07 - Multi-system Processes	SoDM08 - Integument	SoDM09 - Musculoskeletal System(s)	SoDM10 - Nervous System(s)	SoDM11 - Endocrine System(s)	SoDM12 - Cardiovascular System (Blood and Lymphatics)	SoDM13 - Respiratory System	SoDM14 - Gastrointestinal System (Oral Detail)	SoDM15 - Gastrointestinal System (Non-Oral)	SoDM16 - Renal/Urinary System	SoDM17 - Reproductive Systems	SoDM18 - Patient Considerations	SoDM19 - Practitioner Considerations	SoDM20 - Patient Assessment	SoDM21 - Inter-Professional Cor	SoDM22 - Oral Disease	SoDM23 - Pa	So
Summary Statistics																												
High	N/A	4.00	347	3	1	24	28	41	69	8	4	15	7	21	11	49	7	23	1	0	3	9	37	12	17	14	5	4
Average	N/A	2.29	228	2	1	17	17	24	43	3	1	6	4	13	6	32	3	13	1	0	1	3	22	3	9	4	2	2
Low	N/A	1.35	163	0	0	13	12	13	28	1	0	2	2	8	4	16	0	5	0	0	0	0	4	1	1	0	1	1
Stdev	N/A	0.63	43	1	0	3	4	8	11	2	1	3	1	3	2	8	2	5	0	0	1	2	10	3	4	4	1	1
Active or Competent Students																												
1496748D	1	4.00	347	3	0	22	27	38	69	4	N/A	8	7	21	7	49	6	23	1	N/A	1	N/A	22	4	16	10	3	2
2742F802	2	3.64	322	3	1	22	28	38	67	4	N/A	8	7	18	7	49	7	18	1	N/A	1	N/A	19	3	14	2	3	2
1ED1A166	3	3.56	317	2	1	20	26	38	67	4	N/A	8	6	17	7	47	7	19	1	N/A	1	N/A	20	3	12	5	3	2
8A66FE3E	4	3.34	301	2	1	21	26	36	62	4	N/A	8	6	15	6	45	6	18	1	N/A	1	N/A	19	3	12	1	3	4
67C13175	5	3.15	288	3	N/A	15	15	25	48	7	1	7	7	17	10	36	6	18	1	N/A	1	N/A	33	12	8	14	1	1
FC799BF9	6	3.12	286	2	0	19	24	34	61	4	N/A	7	6	16	6	41	6	15	1	N/A	1	N/A	18	3	13	2	3	1
1827A5ED	7	3.09	284	3	N/A	15	15	26	49	8	1	6	4	16	11	36	5	23	1	N/A	1	N/A	36	11	11	3	1	1
E1B69577	8	3.06	282	2	0	19	24	32	56	3	N/A	7	6	16	6	41	5	19	1	N/A	1	N/A	19	3	12	2	3	1
A84E24CD	9	2.83	266	2	N/A	19	17	39	58	3	0	5	4	15	6	42	4	23	1	N/A	1	N/A	6	3	4	9	3	2
0D4CFAB1	10	2.76	261	2	N/A	16	17	30	50	1	N/A	7	3	15	5	29	3	16	1	N/A	1	2	29	3	15	11	2	2
D3140CB8	11	2.75	260	2	N/A	15	12	19	41	2	4	15	6	16	5	33	3	15	1	N/A	0	4	29	3	17	14	3	1
9B9D3CD8	12	2.72	258	3	1	15	14	23	44	8	1	7	5	10	10	34	5	13	1	N/A	1	1	34	11	8	6	2	1
E68200B3	13	2.72	258	2	N/A	22	17	41	60	3	0	5	4	11	6	44	4	20	1	N/A	1	N/A	4	3	3	1	3	4
5960C196	14	2.60	250	2	N/A	24	17	41	57	3	0	6	4	11	7	39	4	15	1	N/A	1	N/A	5	4	3	1	5	1
60111159	15	2.59	249	3	N/A	16	17	29	47	1	N/A	7	3	15	6	27	3	20	1	N/A	1	2	28	2	14	3	2	1
46B7C076	16	2.51	243	2	N/A	16	18	28	45	1	N/A	7	3	14	6	26	2	19	1	N/A	1	2	28	2	13	3	3	1
CB843688	17	2.50	243	2	N/A	14	13	23	43	7	1	6	4	12	10	32	4	13	1	N/A	1	N/A	31	10	8	5	1	1
38CEC049	18	2.44	239	2	N/A	20	16	37	55	2	0	5	4	13	6	39	4	20	1	N/A	1	N/A	4	3	2	2	3	1
20BE630B	19	2.43	238	2	N/A	20	16	38	55	2	0	5	4	12	6	38	4	17	1	N/A	1	N/A	4	3	2	5	3	1
D13CE9BC	20	2.41	237	2	N/A	15	14	23	43	6	1	6	4	11	10	32	4	10	1	N/A	1	N/A	29	10	8	2	3	1

Behaviors

Discussion Characterizations

- Patent # 11,170,658 - Methods, systems, and computer program products for normalization and cumulative analysis of cognitive post content
- Four Characteristics
  - Instigators – like to start threads, post the team prompts
  - Fillers – like to answer questions posed by instigators
  - Cheerleaders – praise others who instigate and fill
  - Lurkers – minimal participation
- Correlative to non-cognitive behaviors like grit and academic motivation
  - Also, correlative to clinic production

5-year post counts from discussions.



Group Cases

Faculty written - student directed

- Brings the discussions to a fruitful conclusion
- Makes everybody comfortable with clinically formatted documents
- Makes everybody comfortable with the concept of clinical documents being important to dentistry

D1 Case Example

Clinkscales, Mark R – 2 hours ago

PART 2
BP: 162/92; HR: 76; RR: 16.
MH:ESRD (currently on dialysis x3/week); Afib; CHF; Branchial Artery Aneurysm; HTN; Gonorrhea; Kidney Transplant in 2008; MI; Pericardial Effusion (2013)
Med: Erythropoietin, furosemide; amlodipine; atenolol; vitamin D; vitamin E and vitamin B complex
Allergies: Digoxin; iodine & iodine containing products
SH: Patient lives with his mother and is unable to work. He has past history of smoking, cannabis use
FH: Mother - HTN, Grandmother – unspecified kidney disease, Brother – alcohol and drug abuse
4. What is the relationship between each of the medications and his medical conditions? In other words, can you make sense of why each of the drugs is being given? Are there any drugs he's taking that might not be needed?
5. What is the most likely cause of patient's renal failure?
6. What concerns do you have related to the allergies, if any?
7. Based on information you have so far, what are your concerns for this patient?
‹ collapse

LIKE REPLY SHARE EDIT ··· Seen by 5

Show 5 previous replies

PA [redacted] – 2 hours ago
RESPONSE: Afib is linked to strokes, as is HTN, so the patient is at a pretty huge risk for one if his conditions aren't kept under control.
LIKE REPLY SHARE ···

[redacted] – 2 hours ago
RESPONSE:
4. amlodipine is a CCB, which is used for cardiovascular issues, which he has.
LIKE REPLY SHARE ···
[redacted] reacted to this

[redacted] – 2 hours ago
RESPONSE:
4. Erythropoietin is used for renal problems.
LIKE REPLY SHARE ···

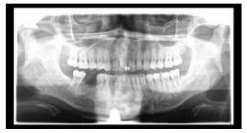
PA [redacted] – 2 hours ago
RESPONSE: The patient already had one kidney transplant, which could mean he fell into the same habits that required that first transplant and may do so again after this one.
LIKE REPLY SHARE ···

[redacted] – 2 hours ago
RESPONSE:
5. I would guess his HTN was the cause of renal failure with a sprinkle of drug/alcohol use.
LIKE REPLY SHARE ···

HA [redacted] – 2 hours ago
RESPONSE Furosemide is a diuretic mostly given to him because he has congestive heart failure

Clinkscales, Mark R – 1 hour ago

Part 3
Oral Exam: Patient has poor oral hygiene and has generalized plaque and localized areas of calculus deposit. He has some restorations from past decays but several new decays present. There is generalized horizontal bone loss. He is medically stable enough to get debridement, extractions and restorative work done. X-rays confirmed the dental findings.
[redacted]
8. What is the white area in the middle lower part of mandible?
9. What other, remarkable feature do you see in this patient's x-ray?
10. What should your treatment plan for clearance focus on and why?



LIKE REPLY SHARE EDIT ··· Seen by 5

[redacted] – 1 hour ago
RESPONSE:
8. Pretty sure that is just the film.
LIKE REPLY SHARE ···

[redacted] – 1 hour ago
RESPONSE: White area in middle lower part of mandible is the film he bites on.
LIKE REPLY SHARE ···

[redacted] – 59 minutes ago
RESPONSE:
9. He has a restoration on his 8 and 9.
LIKE REPLY SHARE ···

[redacted] – 59 minutes ago
RESPONSE:
10. It should focus on his plaque and horizontal bone loss. Possible peridontitis.
LIKE REPLY SHARE ···

[redacted] – 58 minutes ago
RESPONSE: The treatment plan would focus on periodontal treatment to reduce the amount of anaerobic bacteria in the mouth, and reduce risk of further bone loss.
LIKE REPLY SHARE ···

[redacted] – 56 minutes ago
RESPONSE: SRP.
LIKE REPLY SHARE ···

Clinkscales, Mark R – 55 minutes ago

Part 4
The purpose and goal of dental clearance is to make sure that no active infection is present in the mouth when the patient undergoes transplant surgery. The patient's treatment plan normally has two parts: a pre-transplant and a post-transplant plan. Pre-transplant plan is focused on infection control only and is completed as soon as possible to avoid delay in transplant process.
11. After the patient goes through kidney transplant what should be the main concerns regarding his regular dental care?
12. Why do you think patient's medical history is so complex at just 36 years of age?

LIKE REPLY SHARE EDIT ··· Seen by 4

PA [redacted] – 55 minutes ago
RESPONSE: 12. Drug use
LIKE REPLY SHARE ···

HA [redacted] – 54 minutes ago – Edited
RESPONSE but it said he's only doing cannabis
LIKE REPLY SHARE ···

[redacted] – 54 minutes ago
RESPONSE: We need to make sure he gets seen every 6 months, including more frequent follow-ups after SRP to ensure proper healing and response. Patient compliance is a must, so we really need to describe the importance of that to him.
LIKE REPLY SHARE ···

[redacted] – 54 minutes ago
RESPONSE:
11. Medications that interfere with oral health due to suppression of immunity.
LIKE REPLY SHARE ···

[redacted] – 53 minutes ago
RESPONSE: His medical history is so complex probably due to drug abuse earlier in life.
LIKE REPLY SHARE ···
[redacted] reacted to this

[redacted] – 53 minutes ago
RESPONSE: Cannabis doesn't do all of this. There's something else at play.

SOAP Note: Case M
June 27, 2022
Catawba Group:

Subjective:

CC: A 36-year-old patient was referred to the clinic by his nephrologist for dental clearance prior to kidney transplant.

HPI: The patient denied seeing a dentist in the past several years. His last dental visit was for an extraction, and he had cleaning done at around the same time. On further asking he stated that it was at least six years ago but was not sure who his dentist was. He was a poor historian and had a hard time giving his dental and medical history. He denied having any pain and discomfort in his mouth. Patient stated that he will be scheduled for transplant once he gets dental clearance. He was not able to inform who his doctors were but was able to pull up the information on his phone and let us know. Any remaining information was obtained and verified from his referrals.

PMH: ESRD (currently on dialysis x3/week); Afib; CHF; Branchial Artery Aneurysm; HTN; Gonorrhea; Kidney Transplant in 2008; MI; Pericardial Effusion (2013)

Medications: Erythropoietin, Furosemide; Amlodipine; Atenolol; Vitamin D; Vitamin E and Vitamin B complex

Social History: Patient lives with his mother and is unable to work. He has a past history of smoking, cannabis use.

Family History: Mother - HTN, Grandmother – unspecified kidney disease, Brother – alcohol and drug abuse

Allergies: Digoxin; Iodine & Iodine containing products

Objective:

Vitals:
- **BP:** 162/92
- **Pulse:** 76
- **RR:** 16

Examination:

IO exam: Patient has poor oral hygiene and has generalized plaque and localized areas of calculus deposit. He has some restorations from past decays but several new decays present. There is generalized horizontal bone loss.

Additional Test: Panoramic x-ray

Assessment:
A 36-year-old patient was referred to the clinic by his nephrologist for dental clearance prior to kidney transplant. The patient denied seeing a dentist in the past several years. His last dental visit was for an extraction, and he had cleaning done at around the same time. On further asking he stated that it was at least six years ago but was not sure who his dentist was. He was a poor historian and had a hard time giving his dental and medical history. He is medically stable enough to get debridement, extractions and restorative work done.

Diagnosis: Patient is cleared for treatment as patient is determined to be medically stable enough to get debridement, extractions and restorative work done.

Differential Diagnosis
- Periodontitis with horizontal bone loss and plaque & calculus buildup
- Dental Caries

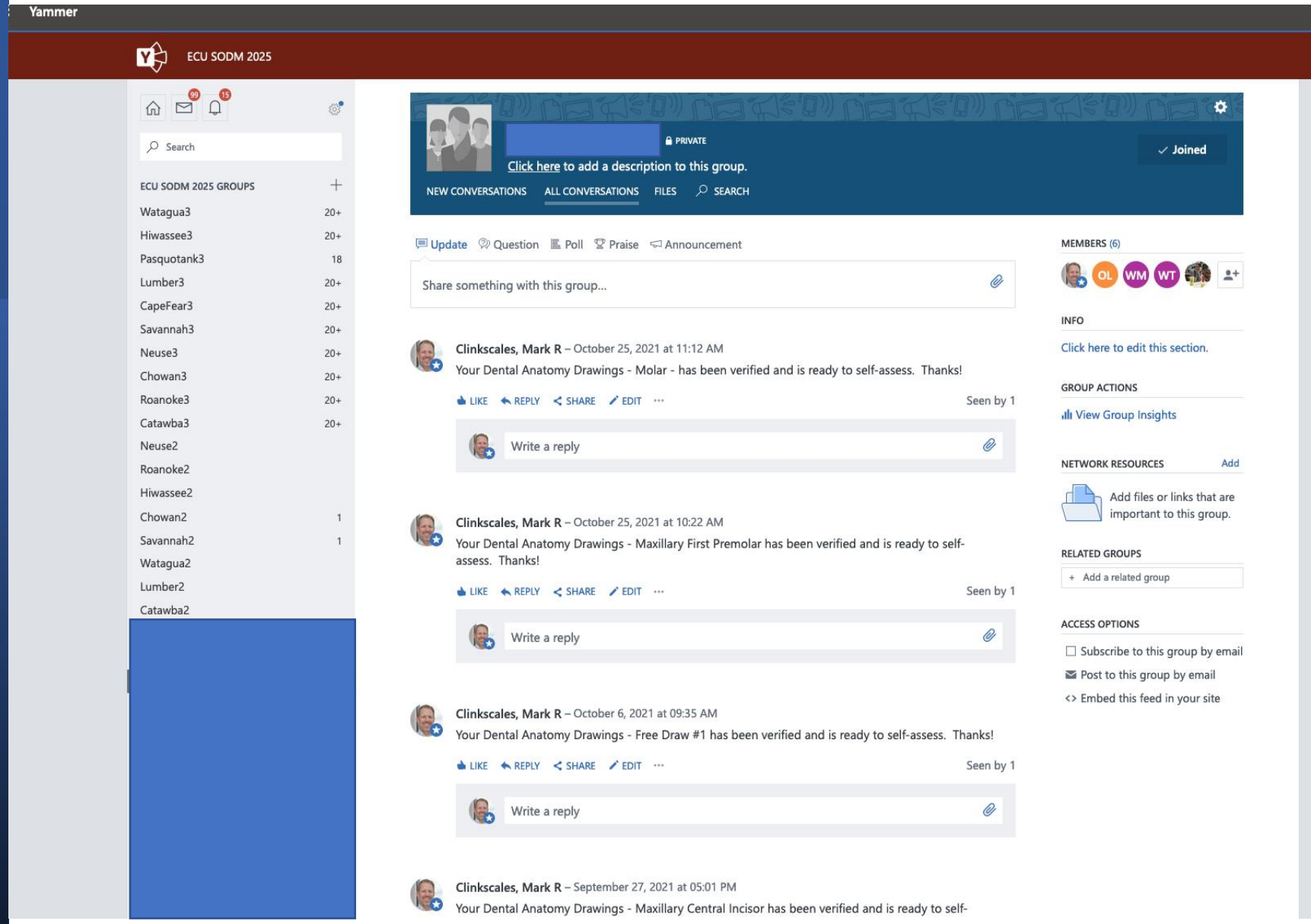
Plan:
- Discuss importance of home oral hygiene care in preventing infections and future problems
- Establish regular dental care
- Work with referring doctor to help patient maintain health for pre- and post-transplant treatment

Follow Up:
- Scaling and Root Planing followed by evaluation of treatment.
- Restore dental caries.
- Establish recall visits.

After group discussion, each group works together to complete a patient SOAP Note that includes a diagnosis, differential diagnosis, and a plan for care.

Individual Page

- Mainly used for file management, storage, and feedback
- SOAP notes from clinical patient care
- Feedback from faculty in clinic
- CSLC reflections from their D4 year



Case Based Learning

Threads and Posts- Question and Answer- Group Practice

Case Based- Real Life- Scenarios Independent Practice

Sample Case

Meet Mr. Brown

Mr. Jonathan Brown, 26 YOM presents to the SoDM for comprehensive care. His friend works at the school as a Patient Representative and was told the care is thorough and cost effective.

His **chief complaint** is “I haven’t been to the dentist in a few years. Recently I’ve noticed a bad taste in my mouth.”

																Plaque
												B				Bleed
																Mobility
																WKG
																Furcation
	2 2 3	3 2 3		2 1 2	3 1 2	2 1 2	2 2 2	2 1 2	2 1 2	2 1 3	2 1 2		3 1 4	4 2 3		CAL
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	2 2 3	3 2 3		2 1 2	3 1 2	2 1 2	2 2 2	2 1 2	2 1 2	2 1 3	2 1 2		3 1 4	4 2 3		Probe
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																CEJ/GM
	3 2 4	4 2 3		3 1 2	2 1 2	2 1 2	2 1 3	3 1 2	2 1 2	2 1 2	2 1 2		3 2 3	2 2 2		CAL
																Furcation
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																Plaque
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32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
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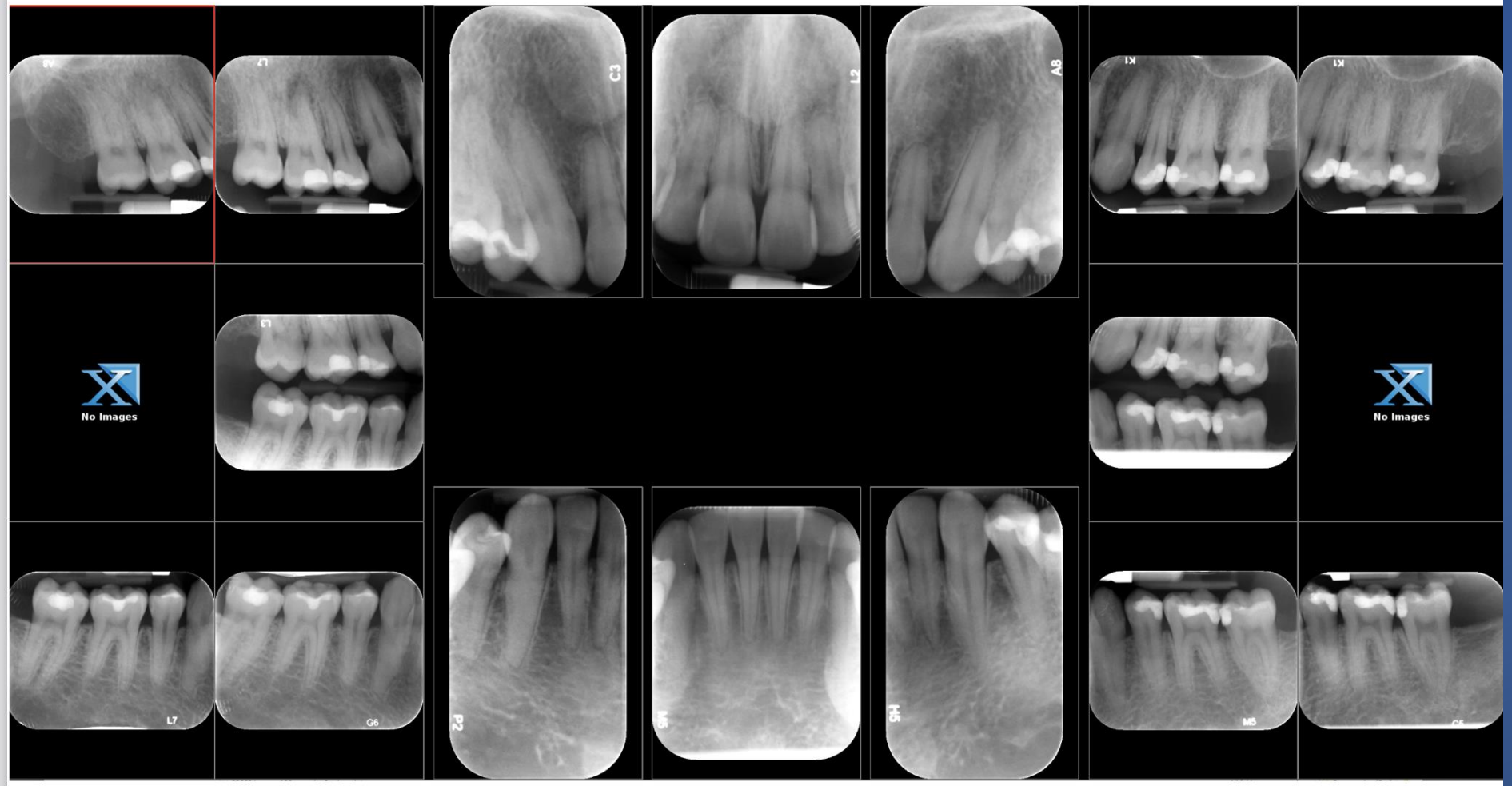
									-3							CEJ/GM
	2 1 3	3 1 3		2 1 2	2 1 2	2 1 2	2 1 2	2 1 2	4 1 2	2 1 2	3 1 3		2 1 3	3 2 3		CAL
																Furcation
																WKG
																Mobility
	B	B														Bleed
																Plaque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L7
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H5
M5

Clinical Findings

Forms | Tx Plans | Perio | Attachments | Medications | Chart Add

Code	Site	Surf.	Stat	Phase	Location	Appr. User	Description
C3001	7	DL	A	0			Primary Caries
C3001	10	DL	A	0			Primary Caries
C3007	7	MF	A	0			Decalcification
C3007	10	MF	A	0			Decalcification
C4050	3		A	0			Periapical Lesion
D2391	3	O	E	0			Resin-based composite- one surface, posterior
D2391	19	D	E	0			Resin-based composite- one surface, posterior
D2391	31	O	E	0			Resin-based composite- one surface, posterior
D2391	30	O	E	0			Resin-based composite- one surface, posterior
D2391	28	O	E	0			Resin-based composite- one surface, posterior
D2392	5	DO	E	0			Resin-base composite- two surfaces, posterior
D2392	12	DO	E	0			Resin-base composite- two surfaces, posterior
D2392	14	MO	E	0			Resin-base composite- two surfaces, posterior
D2392	15	MO	E	0			Resin-base composite- two surfaces, posterior
D2392	18	MO	E	0			Resin-base composite- two surfaces, posterior
D2392	21	DO	E	0			Resin-base composite- two surfaces, posterior

Grading Portfolio Documents

Rubrics that grade

format of the document,

completeness of the content, and

professional writing skills.

Group members all get the same points.

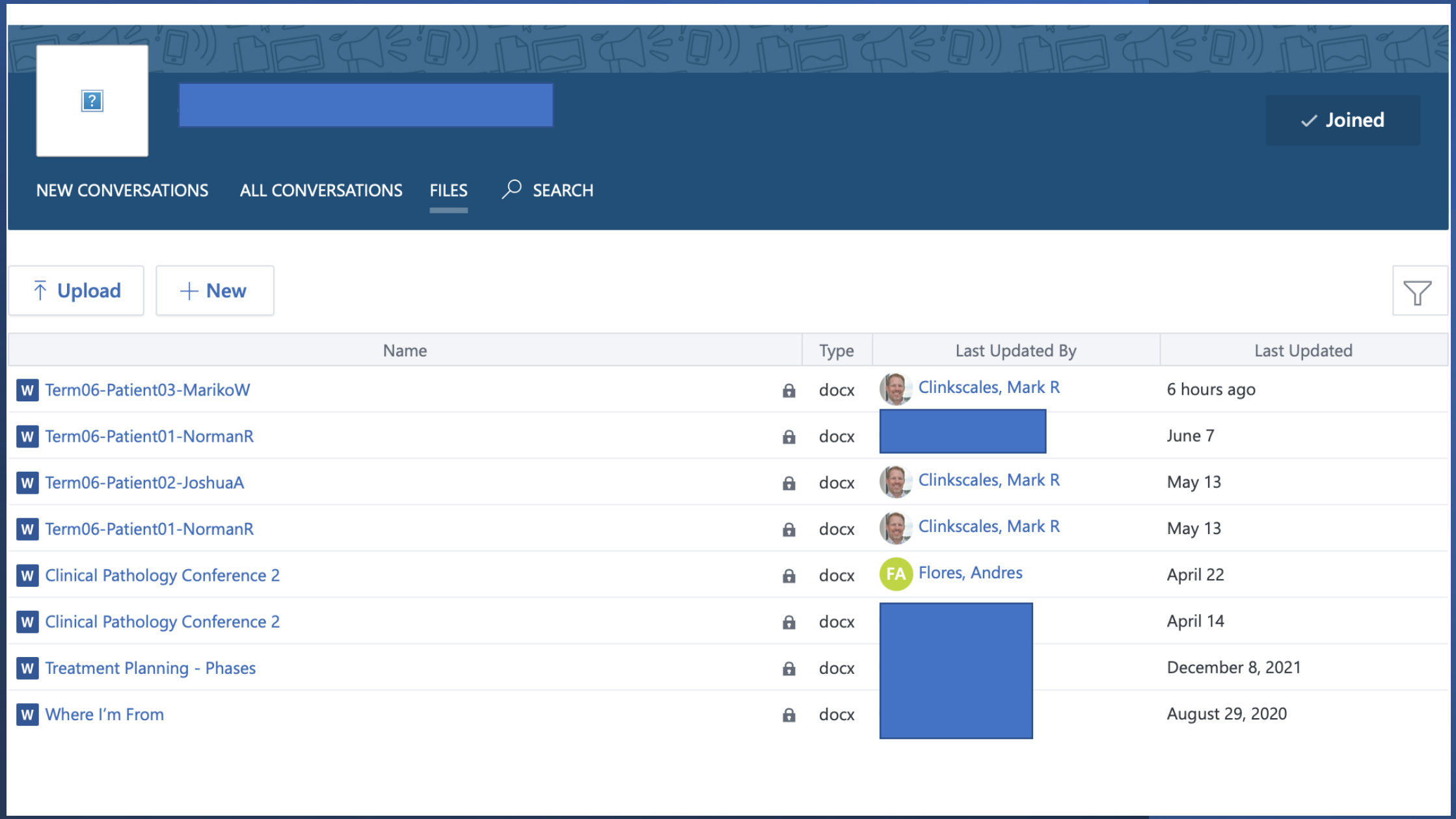
Personal Cases

Makes EACH student responsible for their own patients

Identifies which students have relied on other members of groups

Adds self-assessment of performance to the process

Gives an opportunity for faculty guidance


Joined
NEW CONVERSATIONS
ALL CONVERSATIONS
FILES
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Term06-Patient03-MarikoW
docx
Clinkscales, Mark R
6 hours ago
Term06-Patient01-NormanR
docx
June 7
Term06-Patient02-JoshuaA
docx
Clinkscales, Mark R
May 13
Term06-Patient01-NormanR
docx
Clinkscales, Mark R
May 13
Clinical Pathology Conference 2
docx
FA
Flores, Andres
April 22
Clinical Pathology Conference 2
docx
April 14
Treatment Planning - Phases
docx
December 8, 2021
Where I'm From
docx
August 29, 2020

Term06-Patient01-NormanR

Subjective
64-year-old male presents to Comprehensive care clinic.
CC: “I’m here to get the process going to get my teeth cleaned.”
Med. Hx: Hypothyroidism, rosacea, decreased testosterone, GERD
PSHx: Hernia surgery in 2000
ROS: Pt. denies any pain or sensitivity.

Medications:
Androderm, 4 mg patch taken for low testosterone
Aspirin, 81 mg q.d.
Synthroid (levothyroxine), 135 mcg q.d. taken for hypothyroidism
Omeprazole, 40 mg q.d. taken for GERD
Minocycline, 100 mg cream taken for rosacea
Fish oil, 1,200 mg q.d.

Allergies:
NKA/NKDA

PCP:
Eastern Carolina Medicine – Wilson, NC

Fam. Hx: Pt. has one child and has been divorced for 15 years. Pt. lives with his girlfriend.
Social Hx: Pt. has been retired for 3 years and plays pickleball daily. Pt. enjoys playing cards and going for walks. Pt. denied any current alcohol, tobacco, or drug use.
Dental Hx: Pt. has visited the dentist about once a year until COVID began in March of 2020. Pt. stated that most of his dental treatment was done when he was in the military, which was around 20-30 years ago.
Financial Constraints: Pt. does not currently have dental insurance and would like to wait on dental treatment until next year, when he turns 65 years old, and is able to get on Medicare for

Faculty Guidance

RT [redacted] – June 7 at 03:55 PM

added Nelms, Maggie Lee to the conversation.

NL **Nelms, Maggie L...** – June 9 at 03:37 PM

Make sure you include any other lifestyle modifiers (i.e travel, deadlines, anxiety, etc...)

Problem List: Include Periodontitis vs . Gingivits. Then have a separate Diagnosis list linking back to the probelms

Make it easier to read and have a Problem lIst then a diagnosis list.

We are currently missing the mechanism of action for all your meds as well as any medical considerations and dental considerations. You mention a few just make sure you touch on all.

In your clinical findings- did you note an open margin? Also you note several cracks, abfraction... any thoughts about a parafunctional habit? Nocturnal activity? Would you like to intervene at this point?

Please include a maintenance phase in your treatment plan and remember that definitive phase treatment is phase 3.

Phase 1 is acute- emergent tx
Phase 2- disease control
phase 3- definitive

Also Medicare does not have dental coverage.... this piece needs togo in the S area under modifiers

Lastly, discuss prognosis and risk factors.

There is a template that should be uploaded and if you answer those lines, you should be fine. Make sure you are using it. ‹ collapse

LIKE REPLY SHARE EDIT ...

Open-Ended, *Formative*, *Paper*, *Program* assessment begins *Mon, May 1, 2017 at 12:00 AM* and ends *Fri, May 31, 2019 at 11:55 PM*

Amna Hasan is responsible for this assessment.

The grade for this assessment will be calculated using the with a threshold of *0*.

Assessment

Step 1: Subjective Component

- ◯ Strata 2: Excellent - The patient's Chief Complaint AND history of present illness AND medical history AND Review of Systems AND Current Medications AND Social History AND Family History AND Dental History are properly documented.
- ◯ Strata 1: Acceptable - Minor acceptable omissions from the required component (see comments)
- ◯ Strata 0: Critical Failure - Major unacceptable omissions from the required component (see comments). AS RESULT THE DOCUMENT MUST BE EDITED AND RESUBMITTED.

COMMENT

Step 2: Objective Component - Vital Signs and Medical Consultation(s)

- ◯ Strata 2: Excellent - The Vital Signs are documented AND Medical Consultations are documented with lab values or direct report.
- ◯ Strata 1: Acceptable - Minor acceptable omissions from the required component (see comments)
- ◯ Strata 0: Critical Failure - Major unacceptable omissions from the required component (see comments). AS RESULT THE DOCUMENT MUST BE EDITED AND RESUBMITTED.

COMMENT

Page 1 of 10 | Reset Zoom

Term06-Patient01-AndersonL

Subjective: White, 78 year old Male

CC: "I have heard good reviews about the school and I want to be a patient. I also have pain in the bottom right of the mouth when I brush."

HPI: Pt is aware of plaque buildup. Pt is missing #1, 14, 16, 30, 32. Pain in LR occurs only when brushing, does not occur when chewing, eating or spitting.

Dental Hx: Pt. admits to going to the dentist regularly for cleanings and dental services, such as endodontic therapy. Patient admits to snoring. Patient denied difficulties with past dental treatments.

MHx:

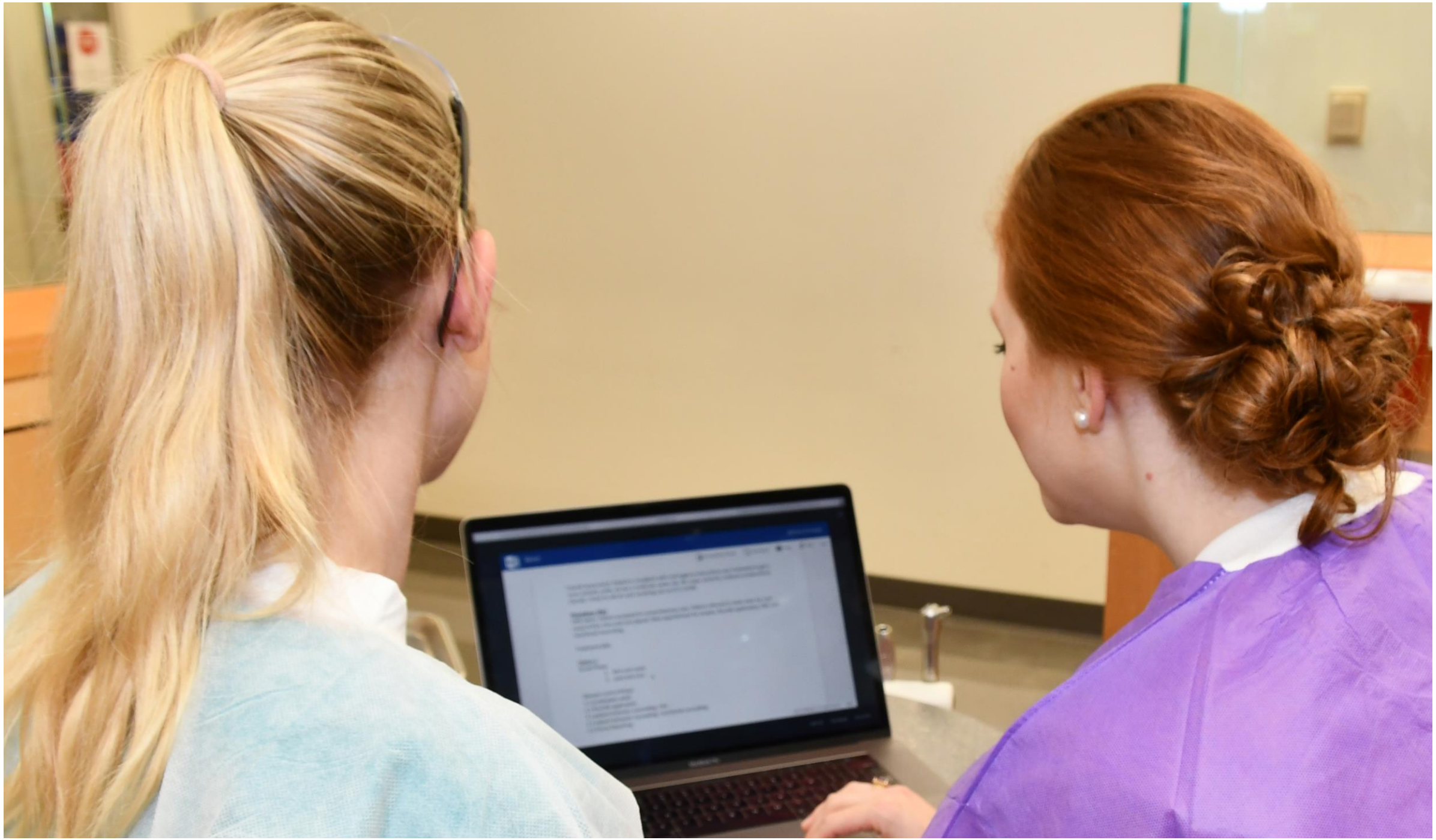
- Arthritis
  - Limited mobility associated with right knee.
- Hypothyroidism
- Urinary Retention
- Pt diagnosed with prostate cancer in 2014. Tx for prostate cancer was radiation.

ROS: Snoring, right knee pain. Remaining systems were reviewed and reported negative.

Meds:

- Bethanechol (50 mg)
- Amitriptyline HCl (10 mg)
- Levothyroxine (75 mg)
- Glucosamine

Allergies: NKDA



Patient Soap Note - Roy L.

Last published by [redacted] on 11/11/2014 in 2016[redacted]

[redacted]

Subjective:Male, 58 year old
CC: "I had teeth removed on the upper right side about a year ago. Since then I have started having TMJ trouble because of those missing teeth"

*HPI:*Pt is aware of popping in his right TMJ and reports tenderness at on the right side at the angle of his mandible near his Lateral Pterygoid. He is missing #1-3.

PMHx:

- Dermatological conditions – had pre-melanotic macules removed – last one was 2 months ago
- Osteoarthritis
  - Knees mostly, hands when its cold
- HTN
  - Well controlled
- Migraines/Headaches
  - Periodic, nothing known as a direct cause.
- Pulmonary Embolism in Right lung –
  - Hx of blood clot in right lunch – 1 year ago.
  - Pt took Coumadin and warfarin
- Hypothyroidism
- Restless leg syndrome

*ROS:*Patient appears to be well managed and under control for conditions that fall under PMHx. Patient indicates they take medications as prescribed from their physician and receive check-ups every 6-12 months. Denies any signs/symptoms of CHF, Cancer, Diabetes at this time but does have arthritis.

Meds: (Amount, Frequency/ Duration, Description/ Action/ Indication):

- Xarelto (rivaroxaban) 20 mg q.d. – blood thinner
- Toprol XL (metoprolol succinate) Extended-Release Tablets – 25 mg q.d – For HTN
  - beta1-selective (cardioselective) adrenoceptor blocking agent
- Requip (ropinirole) Tablets – 1 mg q.d for RLS
  - non-ergoline dopamine agonist.
- Brintellixv (vortioxetine) – 20 mg prn – For an unknown depression disorder.
  - SSRI
  - Pt does not know the exact type of depression he has but says that he only takes his medication when he feels necessary.
- Synthroid (levothyroxine sodium tablets, USP) – 150 mcg q.d.
  - Synthetic levothyroxine – T4
- Lasix (Furosemide) 20 mg 1 tablet q.d. if needed
  - Diuretic
- M S Contin (morphine sulfate) Controlled-Release – 15 mg 1 tablet b.i.d
  - opioid agonist- Binds to opiate receptors in the CNS, causing inhibition of ascending pain pathways, altering the perception of and response to pain; produces generalized CNS depression
- Percocet (acetaminophen and oxycodone) - 5/325 mg 1 or 2 q 4h prn
- Micardis HCT (telmisartan) 80/12.5 mg q.d – For HTN
  - angiotensin II receptor (type AT1) antagonist - Angiotensin II acts as a vasoconstrictor. In addition to causing direct vasoconstriction, angiotensin II also stimulates the release of aldosterone. Once aldosterone is released, sodium as well as water are reabsorbed. The end result is an elevation in blood pressure. Telmisartan is a nonpeptide AT1 angiotensin II receptor antagonist. This binding prevents angiotensin II from binding to the receptor thereby blocking the vasoconstriction and the aldosterone secreting effects of angiotensin II.

Allergies: **NKDA**

PSHx:

- 90's –fell 28 feet when ladder broke, broken bones both arms, cerebral hemorrhage, stayed overnight in hospital
- 2 elbow surgeries – associated with fall in 90s
- 2 knee surgeries – last one 4 months ago

Dental Hx:

- Pt has previously seen Dr. Tripp
- Hx of oral-facial injury – fell 28 feet - broke multiple teeth – cerebral hemorrhage
- Grinding teeth throughout day
- Snores
- Denies difficulty with past dental tx and no adverse reactions to LA

Social Hx:

- Retired technician for Sears
- Denies tobacco, alcohol and recreation drug use

Objective:
VitalsLab Values:

- 10/24/14 - BP: 120/68 and Pulse: 76
- 10/27/14 – BP: 128/75 and pulse: 58
- 10/31/14 – BP: 125/78 and pulse: 62
-

Extraoral:

- Popping on right TMJ
- Tenderness in right lateral pterygoid
- Possible tenderness or tension but not an intracapsular problem

Intraoral:

- Ecchymoses – right buccal mucosa posterior to Parotid duct
- Linea alba - Fibrotic tissue in left labial mucosa

Radiographic:

- *Osseous Structures/Supporting Structures*
  - *Sinuses:* WNL
  - *Nasal fossa:* WNL
  - *TMJ/zygomatic arch:* Right – irregular cortical border
  - *Airway/soft tissue shadows :* WNL
  - *Mandibe :* WNL

- *Maxilla:* WNL – very little bone in UR quadrant, especially just posterior to #4. Too little to sustain an implant without augmentation
- *Horizontal Bone Loss:* Mild - Maxilla anterior and right sextants
- *Vertical Bone Loss* - none
- *Calculus Rating:* Not radiographically significant except for some on the mandibular anteriors
- *Periodontium / Apical:*
  - #6 Widened PDL
  - #13 Widened PDL
- *Impressions :*
  - Recurrent Decay #14M, #26D, #30D
  - Moderate horizontal bone loss Anterior and Right Maxillary sextant
  - Mild horizontal bone loss Anterior mandible
  - Possible recurrent decay mesial #31
  - Endo therapy on #4, 5, 20, 21
  - Post in #4, 5, 21
  - Loss of radiodensity in the furcation of #18

Periodontal Tissues: Probing depths ranged from 1-5 mm. CAL ranges from 1-6mm. Generalized plaque was noted and the patient was very sensitive to the probing. Calculus was present from canine to canine on the anterior mandible. There were 22 pocket depths of 4mm or greater. There were few bleeding points and generalized recession.

Hard Tissues:
- Generalized attrition mandibular anteriors
- Missing 1-3
- #4 PFM crown. Plaque on Mesial. Possible recurrent decay. Separated from a bridge on the distal.
- #5 PFM crown. Margins feel intact
- #6- PFM abutment for bridge. Gingival recession on facial. Some plaque present. Plaque trap on Lingual. Lingual margin feels discontinuous
- #7, 8, 9, 10 missing
- #11-PFM Lingual margin may be short. Some plaque present. Looks to be bonded with composite to #12
- #12-PFM crown. tiny overhang on distal margin
- #13-PFM crown. tiny overhang on distal margin. Plaque present. Explorer stick on DL line angle
- #14-PFM crown. Open margin on Mesial. Caries
- #15-large MOD amalgam. Overhang on M and D margin. Rough surface.
- #16 and #17 missing
- #18 PFM. Possible open margin on Mesial
- #19 PFM. Margin is short on Lingual
- #20 PFM. Rough margin, but feels OK
- #21 PFM. Open margin on Distal
- #22 – ML composite
- #23 – DL Composite – leaky margin on D as it approaches the F
- #22-#27. Attrition into dentin and lingual calculus
- #26 DL composite. Explorer stick on apical part of restoration
- #27 ML composite
- #29 DO amalgam
- #30 – PFM crown. Mesial caries
- #31- MO amalgam, rough
- #32 – O amalgam

Pulp / Vitality Testing: none

Occlusal / TMJ:
- Right working movement: Canine guidance
- Left working movement: group function
- Protrusive movement: Anterior guidance
- Overlap: 1mm
- Overbite: 3mm
- Attrition/wear facets: #22-27
- ROM: 35 mm
- Deflection/Deviation: No
- Palpation (R/L)
  - Temporalis: nontender
  - TMJ: nontender
  - Masseter: nontender
  - Lateral pterygoid area: tender right side, nontender L
- Patient is aware of noises in his TMJ (popping on Right), any difficulty or pain when opening their mouth, pain when chewing/talking/functioning, But denies recent changes in his bite, mandible getting "stuck" or "locked" out of place, pain in or around their ears/temples/cheeks. He does report having had cortisone orally for treatment for unexplained facial pain/TMD problems. He does have headaches but does not think they are related to his jaw.

Caries Risk Assessment Findings (the items that influence the CRA): High
- (+) Sugary foods or drinks frequently
- (+) Medications that reduce salivary flow
- (+) Carious Lesions
- (+) Teeth missing due to caries in pas 36 months
- (+) Visible plaque
- (+) Interproximal restorations
- (+) Restorations with overhangs, open margins, open contacts with food impaction
- (+) Fixed appliances

Complete Problem List:
- Recurrent Decay
- Generalized plaque and localized calculus
- Periodontitis
- Missing teeth
- Sensitivity
- TMJ pain, popping

Assessment:
Dental Considerations:
- Recurrent Decay – #14M, #26D, #30D
- Generalized Mild Periodontitis – stable
- Generalized plaque and localized calculus (lingual of anterior mandible) – The patient would benefit from a prophylactic cleaning
- Missing teeth- #1,2,3
- The patient expressed interest in implants but the panoramic image shows very little bone in the area.
- TMJ pain associated with grinding – pt could benefit from a night guard

Medical Considerations:

- Dermatological conditions – had pre-melanotic macules removed – last one was 2 months ago
- Osteoarthritis without joint replacement
  - Knees mostly, hands when its cold
- HTN
  - Make sure patient is taking medication as prescribed
  - Check vitals at every visit
  - Dental implications:
    - Xerostomia
    - Orthostatic hypotension – slow position change
    - Short appointments with limited stress (N2O-O2 inhalation sedation)
    - Obtain good pain control
    - Avoid local anesthetics with vasoconstrictors (if poorly controlled), Limit total dose of vasoconstrictor (if well controlled)
    - Avoid stimulating gag reflex
    - Avoid elective dental care for BP > 180/110 mmHg
- Migraines/Headaches
- Pulmonary Embolism in Right lung –
  - Hx of blood clot in right lunch – 1 year ago. Pt took Coumadin and warfarin
- Hypothyroidism
- Restless leg syndrome
  - Allow patient to get up and move throughout long appointments if he starts to feel any pain.

ASA Status: Class II

Medication Considerations:

- Xarelto (rivaroxaban) – 20 mg q.d. – blood thinner
  - Xarelto may cause you to bleed more easily, especially if you have:
    - a bleeding disorder that is inherited or caused by disease;
    - hemorrhagic stroke;
    - uncontrolled high blood pressure;
    - stomach or intestinal bleeding or ulcer; or
    - if you take certain medicines such as aspirin, heparin, warfarin (Coumadin, Jantoven), or clopidogrel (Plavix).
- Toprol XL (metoprolol succinate) Extended-Release Tablets – 25 mg q.d
  - Metoprolol is a cardioselective beta-blocker. Local anesthetic with vasoconstrictor can be safely used in patients medicated with metoprolol. Nonselective beta-blockers (ie, propranolol, nadolol) enhance the pressor response to epinephrine, resulting in hypertension and bradycardia; this has not been reported for metoprolol. Many nonsteroidal anti-inflammatory drugs, such as ibuprofen and indomethacin, can reduce the hypotensive effect of beta-blockers after 3 or more weeks of therapy with the NSAID. Short-term NSAID use (ie, 3 days) requires no special precautions in patients taking beta-blockers.
- Requip 1 mg q.d
- Brintellix 20 mg prn
- Synthroid 150 mcg q.d.
- Lasix 20 mg 1 tablet q.d. if needed
- M S Contin 15 mg 1 tablet b.i.d
  - Key adverse event(s) related to dental treatment: Xerostomia (normal salivary flow resumes upon discontinuation). Anticholinergic side effects can cause a reduction of saliva production or secretion, contributing to discomfort and dental disease (ie, caries, oral candidiasis, and periodontal disease).
- Percocet 5/325 mg 1 or 2 q 4h prn
- Micardis HCT 80/12.5 mg q.d – For HTN

Overall Assessment (including CRA): The patient is compliant with PCP directions and takes medications as prescribed and his medical conditions are overall well controlled. The patient is high caries risk. He has generalized throughout the mouth and calculus the lingual of 22-27. BOP was noted in multiple locations throughout the mouth. He has a couple of crowns that need to be replaced and would benefit from a prophy and SRP. He is on Xarelto, but as long as his HTN remains under control this medication should not be an issue with bleeding. Overall, I think he will do well receiving care in the Comprehensive Care Clinic at ECU SoDM.

Plan:
FMX and panoramic images were taken. Patient accepted for comprehensive care. Several options were presented to the patient for comprehensive care treatment. These options include:

- Radiographs taken: FMX
- Patient accepted to comprehensive care

- 2.1 - Prophylaxis, Topical Fluoride varnish, OHI
- 3.1 - #14 - Endodontic therapy
- 3.1 - #14 - Core build up
- 3.1 - #14 - Crown, PFM noble metal,
- 3.2 - #26 resin-based composite
- 3.2 - #23 resin-based composite
- 3.3 - #30 - Core build up
- 3.3 - #30 - Crown - PFM noble metal
- 3.4 - #4 - Core build up
- 3.4 - #4 - Crown - PFM noble metal,
- 3.5 - #25 - Core build up
- 3.5 - #25 - Crown - PFM noble metal
- 3.6 - #31- MO amalgam
- 3.6 - #15 - Crown - PFM noble metal

- The pt was presented with options for treatment plans. Dr. Kumarswamy was consulted about his periodontal pockets. Since there was no calculus, except on the linguals of the anterior mandibular teeth, and there was minimal bleeding, it was decided that the patient did not need SRP and would benefit from just a prophy. Flouride treatment was added to the plan because the patient has areas of gingival recession with exposed root surfaces. A gingival graft may be considered if the recession continues to progress on the facials of #6 and 11. He chose to have #14 and #30's crowns replaced because of the recurrent decay. He was made aware that #14 may need RCT and that both teeth will likely need build ups. He also agreed to have #4's crown removed as it has an open contact mesially and is causing a food trap and periodontal issues. He was made aware that this tooth may be unrestorable after the crown is removed. He agreed to have #15's amalgam replaced with a crown and #31's amalgam replaced with either amalgam or composite. He was presented with the option to replaces #1-3 with a partial removable denture. He has had a partial before and did not want another one. When the crown on #4 is removed we will do a consult with prosth/perio faculty about sinus augmentation and placement of implants.

Basic Yammer

Group Cases

Individual Cases

Skills Assessments

Vertical Integration and the Future

- **D4 year**
  - Complex Cases “of the week”
    - Multi-Discipline, Medical History, Patient Modifiers
    - Involve private practitioners
- **Streamline the grading**
  - Focus on faculty screening
  - Use technology to….
    - Identify originality
    - Assign quantity metrics