## Blueprint for Problem-based Learning Implementation and Outcome

## **Today's Speaker**

### Chaitanya Puranik (CP), B.D.S., M.S., M.Dent.Sci, Ph.D. Diplomate of American Board of Pediatric Dentistry Director of Predoctoral Education, Department of Pediatric Dentistry School of Dental Medicine and Children's Hospital Colorado University of Colorado Anschutz Medical Campus





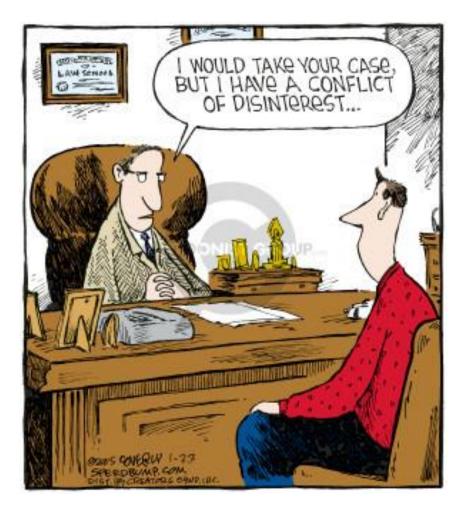
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### Disclosure

The presenter declare **NO** conflicts of interest

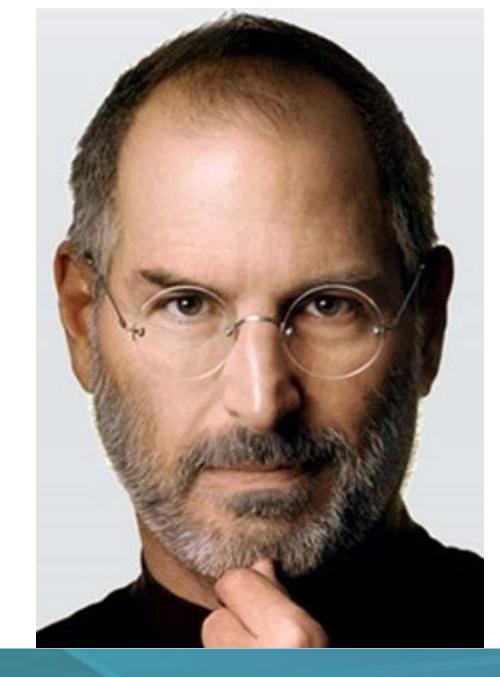


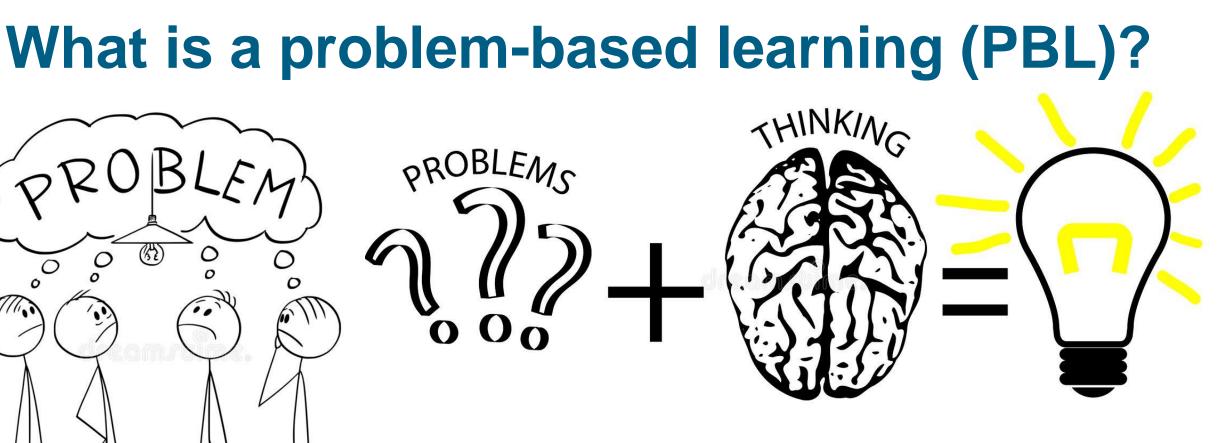
## **Objectives**

- Discuss detailed planning and implementation of PBL in a predoctoral dental program.
- Analyze a video example of a PBL student assessment from a predoctoral dental program.
- Discuss the outcomes of PBL implementation in a predoctoral dental program.

*"If you can define the problem correctly you can almost have the solution."* 

-Steve Jobs





### An open-ended problem triggers thinking and a process to arrive at a solution

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### **Traditional dental education model**

Casting

# An overview of traditional education (the 3C model)

### Communication

### Cerebration

## How can we make out problem to fit to one of the solutions?

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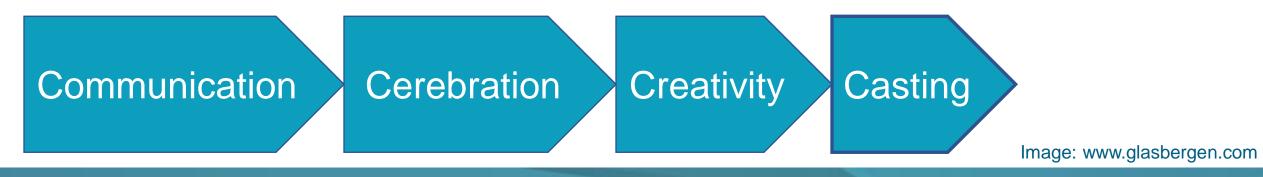
SOLUTIONS

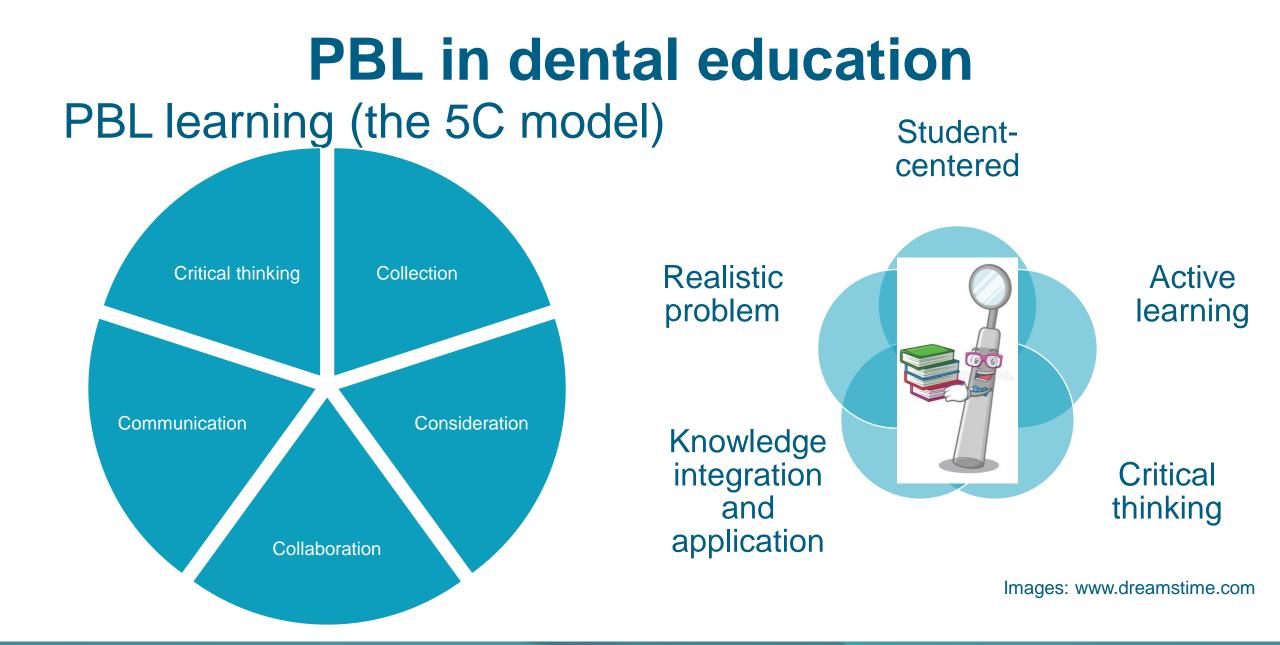
### Improved dental education model

Newer models for studentcentered and autonomy-based approaches (the 4C model)

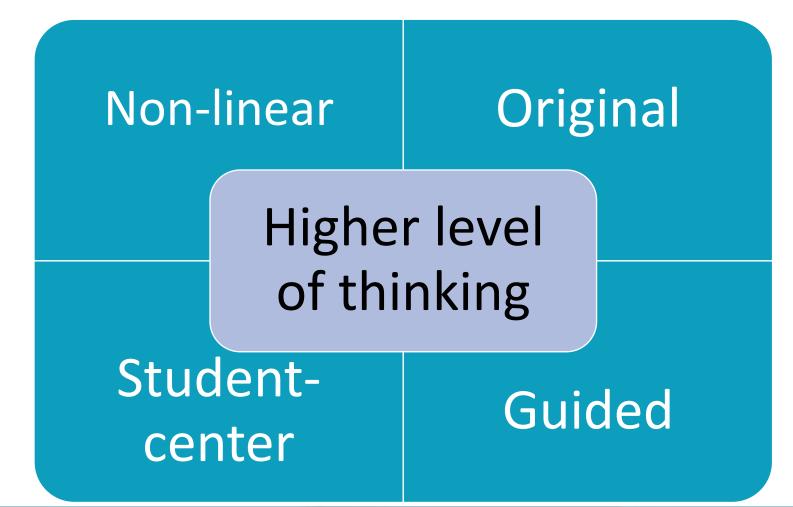


"I want you to think 7.048239 inches outside of the box."

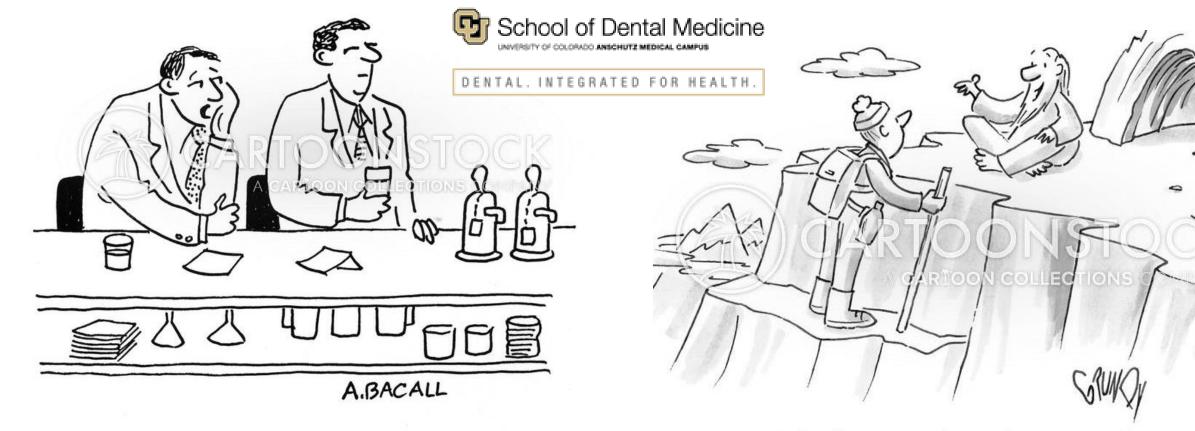




### What are the advantages of PBL?



### **PBL experience: A Blueprint**



"Why do you need my advice, my son? You're on top of the world!"

"Experience has taught me all I know, and many things I never wanted to know."

### **PBL in Predoctoral Pediatric Dentistry**

### 2019-2020 Frist class to take INBDE 2023





**Integrated National Board Dental Examination (INBDE)** 

### Student's ability to...

- Perform a comprehensive evaluation
- Recognize normal and abnormal growth and pathologic conditions
- > Determine caries risk status and develop a treatment plan
- Communicate treatment plan and anticipatory guidance effectively
- Guide and manage anxiety and pain
- Understand management traumatic injuries of various dentition
- Recognize malocclusion and the need for space management
- Recognize need for consultation or referral

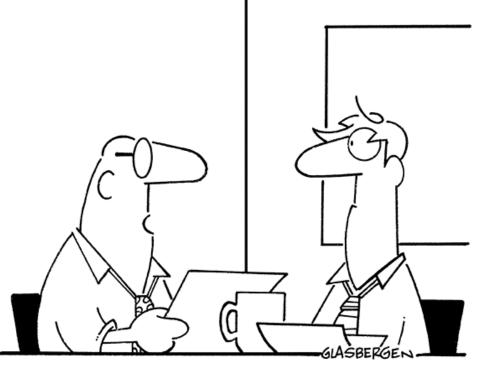
### **PBL format**

- PBL integrated in traditional curriculum
- Pediatric component:
  - Didactic: PD1
  - Preclinical: PD2

Clinical: PD3 (PBL integration)

- Implementation: 2019-2020 cohort
- Compare with 2018-2019 cohort

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"We need to make some big changes around here. The kind of changes where many decisions are made but nothing actually happens."

## **Scope of PBL application**

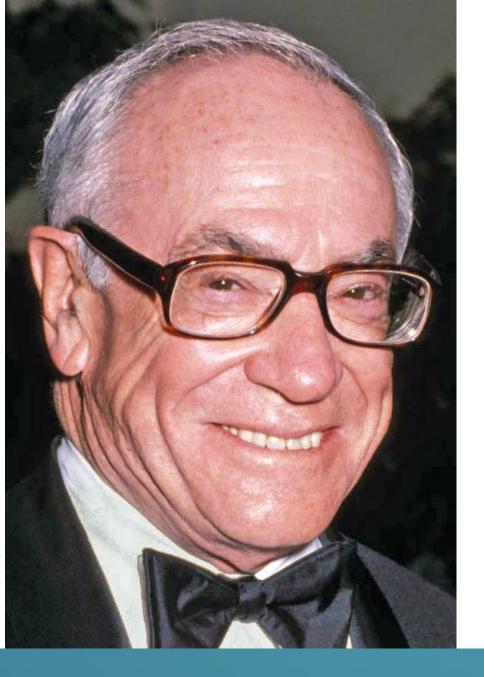
- Pediatric cases (Avatars) from age 1 day-18 years
- Focus was general dental practice
- Three main topic for case development
  - > Odontogenic pain or infection
  - Pediatric pathology
  - Traumatic dental injuries
  - Orthodontic cases (not included)
  - ➢ 6-8 cases on each main topic



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### What was included with a case?

- Clinical information (HIPAA compliant)
- Deidentified extra- or intra-oral photographs
- > Deidentified intra-oral, extra-oral, and soft tissue radiographs
- Biopsy results
- CBC with differential
- ➢ INR, PT PTT values
- Cardiac or other medical notes
- Medical consults

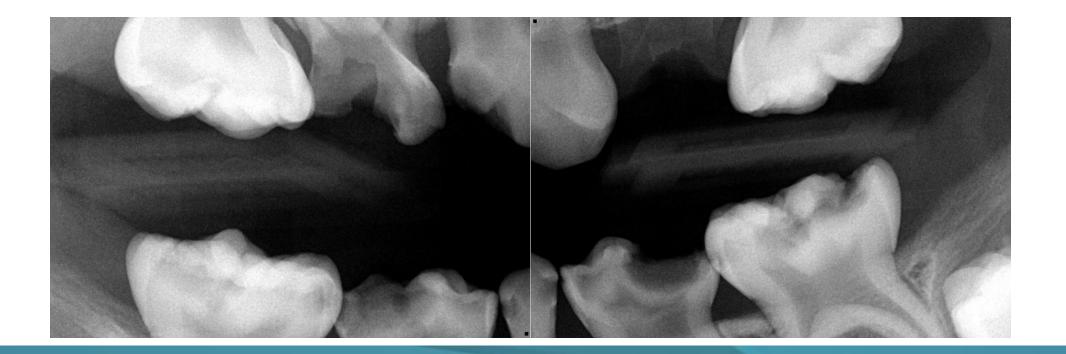


*"It is so much easier to suggest solutions when you don't know too much about the problem."* 

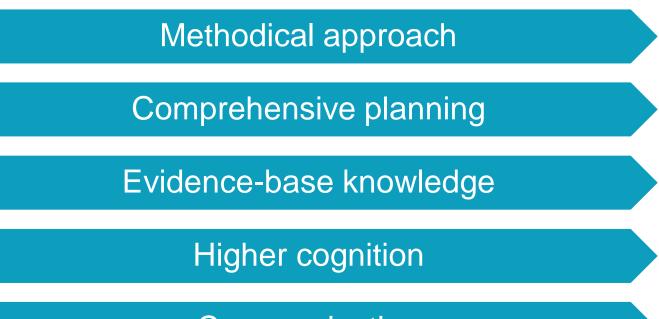
-Malcolm Forbes

### **Sample Case**

3-year-old male patient reported to your general dental clinic for NPE



# What do the students learn during PBL sessions?



Communication

Wholistic view of care



### **First PBL publication in Pediatric Dentistry**

Wiley Online Library

Search

MERICAN DENTAL EDUCATION ASSOCIATION

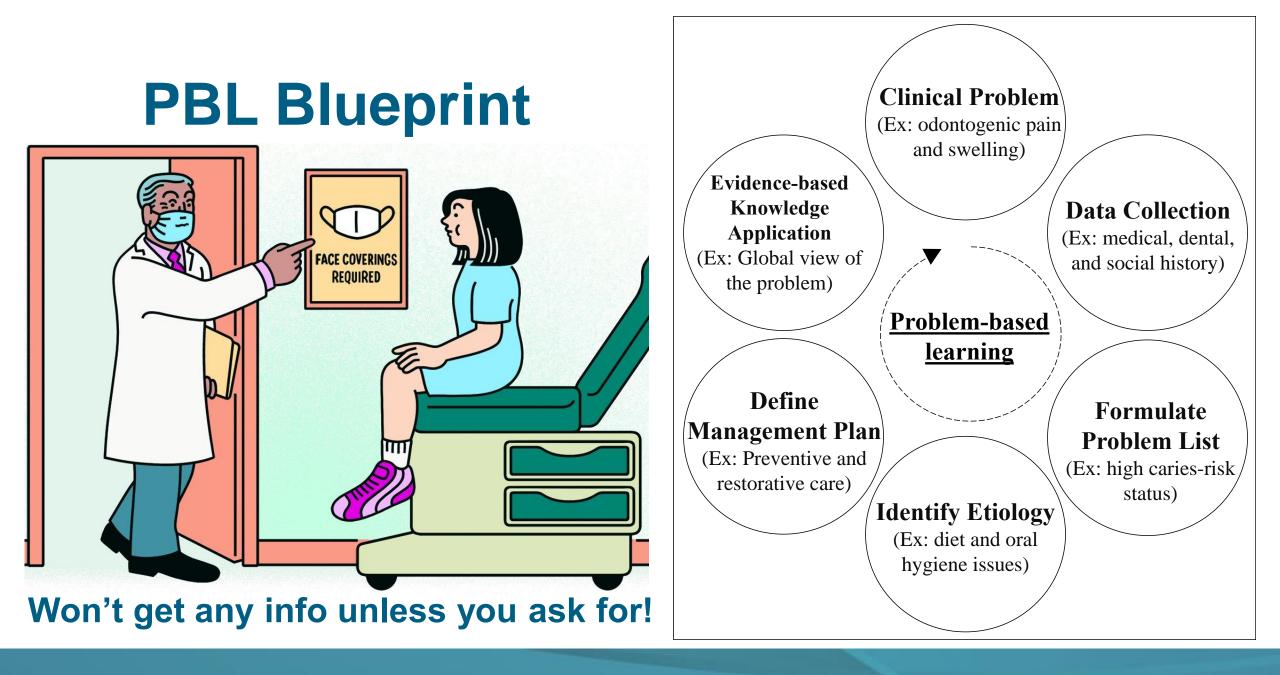
### JOURNAL of DENTAL EDUCATION

ORIGINAL ARTICLE

Perception and outcomes after implementation of problembased learning in predoctoral pediatric dentistry clinical education

Chaitanya P. Puranik BDS, MS, MDentSci, PhD 📉, Kaci Pickett MS, Japneet Randhawa BDS, Tracy de Peralta DMD, PhD, MClinEd

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## **Grading rubrics**

- Data collection and Med. consults
- Radiographic reco. and diagnosis
- Formulation of problem list
- Tx, behavior management, and referral
- Prescription or lab script writing
- O point: critical error
- 1 point: student possesses basic knowledge
- 2 points: student's knowledge clinically acceptable
- 3 points: outstanding diagnostic and planning skills



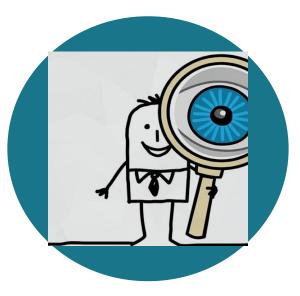
"I love my teacher. She doesn't give numerical or letter grades. She gives emoticons."

### **Critical errors**

- > Direct actual or potential harm to the virtual patient
- > Overdosing of medications
- Not collecting information on allergies
- > Not addressing systemic signs of odontogenic infection
- > Not knowing pediatric tooth numbers
- Recommending excessive number of radiographs (ALADA)
- > Not recommending advanced behavior management
- Not evaluating oral airway before recommending sedation

### Triple Jump Assessment In addition to MCQ and OSCE







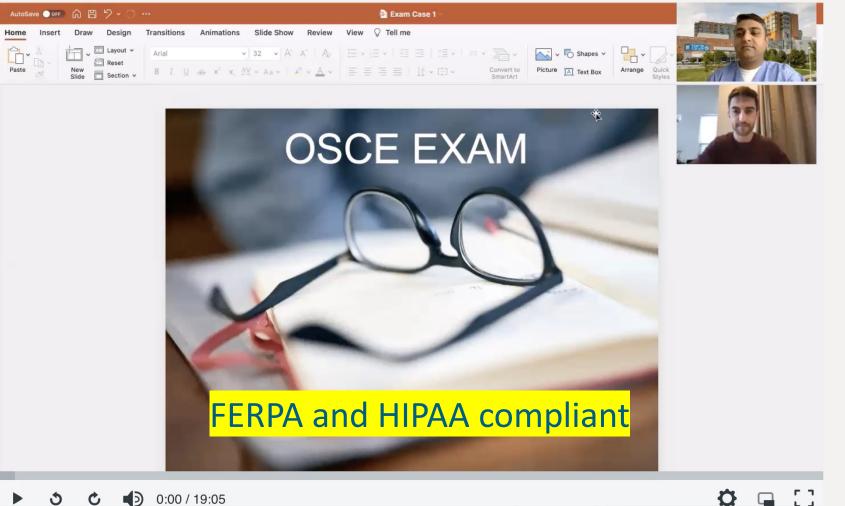
#### DEFINITION OF PROBLEM

### SEEKING INFORMATION

### SYNTHESIS AND FORMULATION

SEEKING INFORMATION

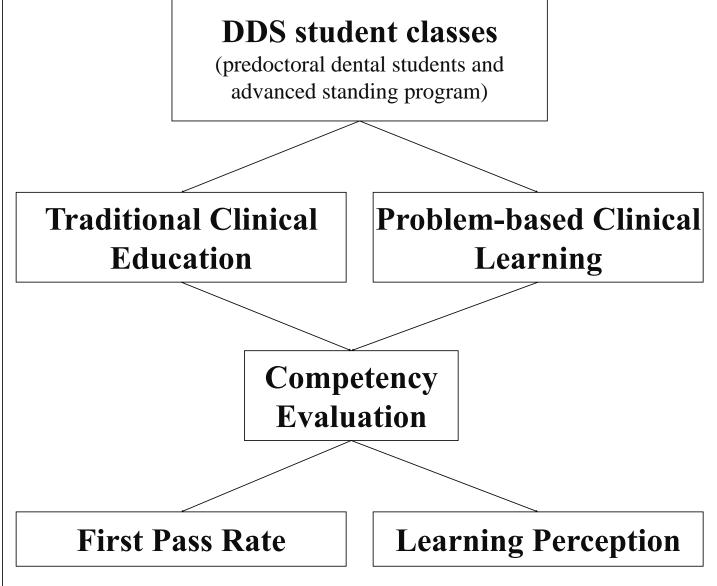
### **Triple Jump Assessment Recording**



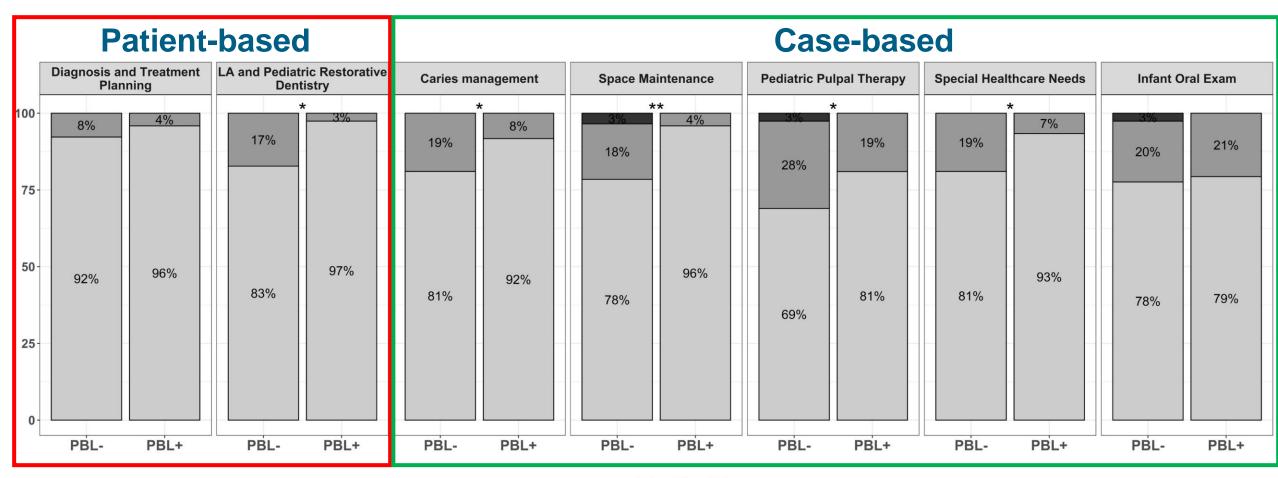
# Study overview (retrospective)



(n=120)



### First pass rate



Attempts 🗾 3 📃 2 📃 1

Survey

Adequate faculty supervision		Adequate resident supervision *		Adequate clinical staff asssitance		Adequate scheduling staff asssitance		Observing in resident clinic or SHCN was beneficial *	
35%	39%	40%	34%	26%	32%	32%	31%	32%	39%
31%	47%	36%	48%	28%	33%	31%	31%	40%	36%
21%	8%	12% 10%	8%	38%	10% 15%	22%	17% 8% 13%	20%	11%
PBL-	6% PBL+	PBL-	10%	6% 9% PBL-	10% PBL+	PBL-	PBL+	8% PBL-	PBL+
Infant oral health clinicial experience was benifical		Pediatric clinic rotation improved diagnostic skill		Pediatric clinic rotation improved radiographic skill		Pediatric clinic rotation improved clinical/restorative skill		Pediatric clinic rotation overall was beneficial	
experience	was benifical					improved clini	ical/restorative		
experience		improved dia				improved clini	ical/restorative		
experience	was benifical	improved dia	agnostic skill	improved rad	33%	improved clim sl	ical/restorative kill	overall wa	s beneficial
experience	was benifical	improved dia	agnostic skill	improved rad	33% 34% 9%	improved clini sl 19% 12%	ical/restorative kill 27% 29% 14%	28%	s beneficial
experience 10% 34%	was benifical ** 48%	improved dia 22% 33%	agnostic skill ** 39%	improved rad	33%	improved clini       19%       12%       24%	ical/restorative     kill     27%     29%	overall wa           28%           12%	42%

Response 🔄 Strongly Agree 🔄 Agree 🗌 Neutral 💭 Disagree 🔄 Strongly Disagree

### **Caveats of PBL**

- Clinical hand skills (needs more investigation)
- Long-term impact on education is undetermined
- Small group discussion framework may not be viable

## **Caveats of PBL-study**

- Faculty perceived effectiveness was not evaluated
- Impact on NBDE scores not evaluated
- Impact on performance in other courses not evaluated

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## Questions

chaitanya.puranik@childrenscolorado.org

Statistical analysis support:

Center for Research Outcomes in Children's Surgery (ROCS), Children's Hospital Colorado, Aurora, CO.

### **Thank You!**

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- Recording available within a few business days at adea.org/eLearn
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