

UNIVERSITY *of* FLORIDA
COLLEGE *of* DENTISTRY



**STUDENT
CLINICAL
GUIDE**

or

***How to survive your last
two years of dental school***

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I. Introduction

The manual provides a basic foundation for how to operate within a Clinical Team System as a student dentist. Do NOT freak out! This is what you came to dental school for, to treat patients (right?). The keys to success are to plan ahead and anticipate changes. We all have a common goal: **we want you to graduate**. So respect teammates, Team Leaders and staff. Your experience is strictly based on what you put into it. Work hard and, with a positive attitude a little bit of luck, this will be a great experience filled with a lot of learning.



II. Members of a Clinical Team

Members of a clinical team include Team Leaders, Treatment coordinators, Senior Clerks Dental Assistants and student dentists. All members must work together so that the clinical team functions efficiently and smoothly.

The Team Leaders' roles are assisting student dentists in maintaining patient pools, obtaining/transferring patients, planning and following complex cases through, and teaching dentistry. *Team Leaders are not responsible for tracking RVUs, competencies and/or requirements for graduation.* Team Leaders have access to your patient pools and can review individual patient information, such as treatment plans, current balances, patient's last appointments and next scheduled appointments.

The Dental Assistants and Senior Clerks' roles are assisting with final impressions for prosthetic cases, limited chairside assisting and maintaining the clinic supply room, printing daily schedules for students and faculty. *They are not here to only assist you, clean up after you or simply do anything you ask of them.* (Hint: you want them as a friend.)

The Treatment Coordinators' roles are scheduling all patient appointments, making sure all clinic chairs are filled, discharging/transferring patients, mailing patient letters when appropriate, conducting record reviews, . The Treatment Coordinators **must** know where the student dentist is at all times during school session hours. *They are not here to explain procedures to patients, track payment plans, track patient records or babysit you.* It is in your best interests to foster a good working relationship with your coordinator.

III. Patient Pool

Where do the patients come from?

The student dentist can obtain patients via the clinical screening system, senior students, recall patients from maintenance clinic or any of the graduate practices or through self-recruited patients.



The **Clinical Screening System** is managed within each student clinical team, and patients are selected based on the Team Leader's expertise. **Patients call the screening coordinator's**

number (352-273-9097) and a screening application is mailed to them. Prospective patients will fill out and return the application form to the college. Upon approval of the application, the patient will be contacted and scheduled for a screening appointment within the four care groups. Final acceptance is determined by the Team Leaders.

Recall patients are “patients of record” in our dental school (OHMC, Grad Perio, Grad Endo, etc) but are not patients of the DMD Student Dental Clinic. (Ex: Patient referred to student clinics from OMHC for fabrication of crowns).

Once recall patients are approved for the undergraduate student clinics, the student dentist needs to provide a periodic oral evaluation for treatment planning sequencing.

Self-recruited patients are patients that are “hand-picked” by the student dentist for screening into the student team program in hopes of becoming that particular student dentist’s patient. These patients do not need to call the screening number. Students should make an appointment through the Treatment Coordinator for further patient evaluation and will still need to be approved by the Team Leader. If approved, the patient will require a Comprehensive Oral Evaluation with a complete treatment plan. *The screening fee is waived for self recruits. The fee for radiographs is still to be collected.*

Developing a Good Chairside Manner -- how to talk to your patient

You should always show empathy and respect for your patients. Remember that some patients are afraid of you – ***the dentist***. Show confidence in your techniques, in a comfortable and friendly way, to help develop a good rapport. Use easy to understand terminology, rather than “dental terms”. Explain what you are going to do, and why, to dispel any fear of the unknown.



If your patient becomes aggressive with you at any point, whether it is verbal or non-verbal, speak to your Team Leader, or supervising faculty, ***immediately***. This includes any harassment or inappropriate comments made by patients. Do not try to take matters into your own hands. Sometimes patients get frustrated because treatment takes too long, or they are in pain, or they have simply lost confidence in your ability. Regardless of the reason, ***you do not have to deal with it alone***. The college has a Patient Advocate (Jeri Wainer) who is trained and experienced in dealing with these situations. Your Team Leader, Treatment Coordinator or the Patient Advocate will help you resolve any student/patient conflict.

Privacy is everyone’s business!

At our college, communication with the patient in regards to the patient’s health and treatment should be confined to the clinic operatory. Remember HIPAA! Don’t discuss treatment planning in hallways, stairwells, patient waiting area, etc. Try to communicate with your patient during regular business hours (8 a.m. to 5 p.m.) using one of the college phones. Ideally,

it is best to give your patient the Treatment Coordinator's number for scheduling and emergencies.



Giving your cell phone number to patients is a risk and should be avoided. Some patients will take advantage and call you at all hours of the night. Calls at 5 a.m. from a patient are NOT fun! (Note: this is not an exaggeration. It happens!) The college isn't responsible for any inconvenience this might cause you, your family or your roommates who are sleeping soundly.

Document **every** communication with your patient, including no shows, late cancellations, declined treatment, refusal of payment, rescheduling of appointment, etc. These conversations should be documented in the Contact Notes section in the Patient Card. Treatment Coordinators are not responsible for keeping track of your communications. **A rule of thumb: If it's not documented, you didn't do it.**

Scheduling

When a new patient is assigned to you, your Treatment Coordinator will schedule their first treatment planning appointment. . An automatic calling system calls and reminds patients 48hrs before their appointment.. TIP: Schedule future appointment(s) at the end of each appointment by taking your patient to your Treatment Coordinator's office.

How to schedule a patient after their first planning appointment:

- Highlight the procedure that will be performed at the next visit. Right click. Select "Add Planned Appointment."
- Send your Treatment Coordinator a message (using Axiom messaging system) letting them know your patient is ready to be scheduled.
- Call patient back and confirm the appointment 24 hours prior to next appointment (*optional*).
-

Transferring/Discharging Patients

There are two ways to transfer a patient: "single procedure transfer" and "complete transfer." For both types you need patient permission and pre-approval of the Team Leaders/supervising faculty. These forms must be completed and scanned into Axiom.

For a single procedure transfer, complete an **Intra-clinical Transfer Form in Axiom**. This form is needed when one of the graduate clinics is going to do a single procedure. (Examples: Crown

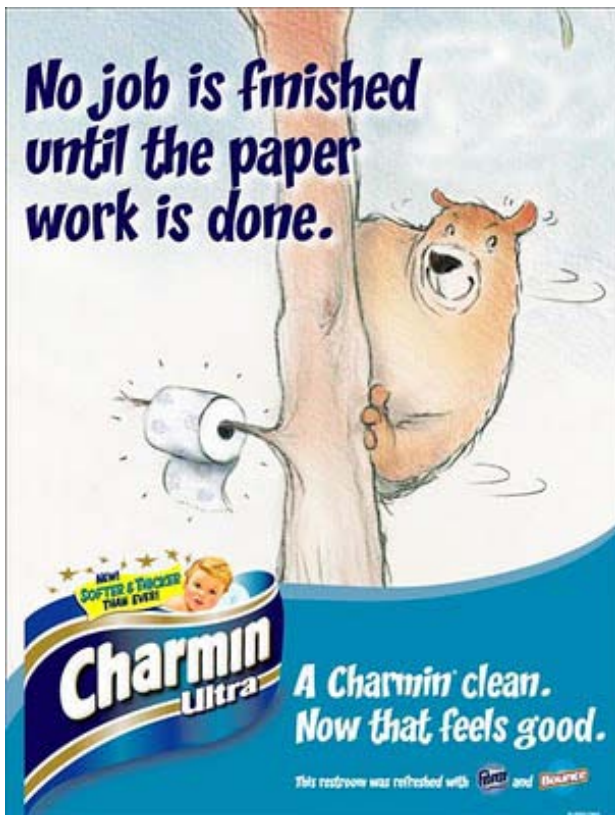


"Call me crazy, but I think my paperwork is actually following me."

lengthening performed by Graduate Periodontics, impacted third molar removal performed by Graduate Oral Surgery, complicated root canal treatment performed by Graduate Endodontics.

For a complete transfer, complete a **Patient Transfer Form** – when a student wants to transfer a patient to another student within the student team program. Examples include but are not limited to: a senior isn't able to complete treatment plan due to graduation or a student/patient relationship has been severed. Radiographic Interpretation must be completed. *(Example of form is below.)*

Use a **Case Completion Assessment Record** when all phase 1 and phase 2 treatments are completed, or the patient has entered into phase 3 treatment. The patient must be in the chair for Team Leader assessment and approval. This form also dictates whether the patient will continue to be maintained for hygiene within the College of Dentistry, or referred outside the college i.e. Santa Fe hygiene program or private practice.. This form is critical. Radiographic Interpretations must be completed. *(Example of form is below.)* Currently we are using the paper form and scanning it into the patient's Axium record.



Complete a **Patient Discharge Summary** to discharge a patient. A patient is discharged when they have had three or more “no shows” or cancelled appointments, or patient refuses to continue treatment. The Treatment Coordinators complete this form if the patient does not have an existing balance, a temporary restoration, and. Make sure to add a note in the Electronic Health Record to explain the reasons for the discharge with faculty signatures. Remember to document every communication with a patient! *(Example of form is below.)*

Patient name: _____ (Please print)	Record Number: _____
	Date: _____

(Please explain any negative responses below in the remarks section)

All phases of treatment were completed? Yes No N/A
Dental records are current? Yes No N/A
Supportive Periodontal Therapy (SPT) is current? Yes No N/A
Date of last visit and procedure performed: _____

Outcomes Assessment

Are there any treatment procedures that need to be redone? Yes No N/A
The patient's chief complaint was addressed/resolved Yes No N/A
Oral pathological lesions were identified and addressed Yes No N/A
Oral medicine concerns were identified and managed Yes No N/A
Dental caries has been controlled and defective restorations replaced Yes No N/A
Phase I Operative – all restored lesions stable Yes No N/A
Phase I Periodontology – active periodontal disease has been controlled Yes No N/A
Phase II Prosthodontics – stable Fixed Removable (excluding cc) Yes No N/A
The patient has been satisfied with overall care (function and esthetics) Yes No N/A
Is the patient overdue for any type of supportive therapy? (EN, PE, PR Recall*) Yes No N/A
If patient is being transferred: has pt been notified and has consented to transfer? Yes No N/A

Disposition of patient: OHMC Discharge Other: _____

Remarks: _____

Student Dentist Signature & Dr. Number _____	Team Leader Approval & Dr. Number _____	Date _____
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* EN = Endo PE = Perio PR Recall = Prosth Recall CASE COMPLETED CODE 0100 Entered

White copy kept in chart for referral/treatment; Yellow copy routed to Assoc. Dean for Clinical Affairs c/o Director QA & QC

Patient Information:

Name _____ chart number _____

Student Information:

Name _____ number _____

Treatment Information:

Planned treatment completed

Planned treatment incomplete

Why? _____

What treatment remains?

Ensure no temporary restorations/temporarily cemented crown or FPD remain _____

Discharge Information:

Discharge date _____

Placed on recall? _____ due recall in _____

Transferred to S/D _____

Transferred to graduate program (specify) _____

Referred to screening

Referred to faculty practice

Referred to private practice

Patient discharge survey mailed

Other (specify) _____

Faculty signature _____

Faculty number _____

Fees, Outstanding Patient Balances

Student dentists are responsible for money.

- At the treatment planning appointment, make sure your patient knows the fees for each procedure and how much each appointment will cost.
- If the patient can't pay for treatment, you can review a payment plan for phase 1/ phase 2, if applicable (*payment plan info is below*).
- If the patient still can't pay for treatment, you'll have to dismiss the patient.
- At the end of each appointment, make sure your patients pay their balances by escorting them to the cashier window and remaining with your patient until you witness the payment..

⇒ *If you treat a patient with an outstanding balance, you will be held responsible for the balance they owe. And any balance you owe has to be paid before you graduate. Be careful because senior year is filled with many expenses....YIKES! Never treat a patient with an outstanding balance!*

Payment Plans/Choices/Medicaid/TED Funds

The college has payment plans that are offered to patients who can't pay for treatment in a large sum. If a patient misses more than three payments, the account will be considered in default. Procedures that qualify for payment plan options include: operative procedures (amalgam/composite restorations), fixed partial dentures, and removable partial/complete dentures. Procedures that don't qualify for payment plan options include: Endodontic therapy, extractions, alveoloplasty, tori removal, implants, or work performed via the graduate dental clinics. (*Example of form is below.*) ***Students must accompany patients to the business office on the second floor with required paperwork in order to set up a contract payment plan.***

Additionally, the college offers payroll deductions for employees of University of Florida. Please ask either your Treatment Coordinator or the Business Office about this program.

CHOICES is a dental and health insurance for working, uninsured 18-64 year old residents of Alachua County. Some low income seniors age 65 and older may be eligible to receive dental benefits. Individuals who qualify are allotted \$1,000/yr for basic preventive and restorative dental procedures. Procedures covered include: operative, periodontal and endodontic procedures. The co-pay for the individual is \$7 per visit regardless of the quantity of procedures performed in one visit. There is a separate component which covers dentures and partials. The co-pay is \$50 per arch. Members are allotted \$1000/yr for removable prosthodontic procedures. Check with your coordinator for a complete list of covered services. Contact Michele Chalmers (352-273-6583) for more information.

There are two types of **Medicaid**: Full and share of cost (SOC). Share of cost means the patient must meet an out-of-pocket cost before Medicaid will pay for covered treatment. These



amounts vary by individual patients. To find out what kind of Medicaid coverage a patient has see your Treatment Coordinator, or go to the business office (2nd floor of dental tower next to Clinic 2A) and talk to Rona. Medicaid covers one set of dentures or partials in a lifetime. For an RPD, request a pre-approval from Rona at least six-to-eight weeks before you begin treatment. It is advised that you obtain Medicaid coverage verification each time you treat your patients. Medicaid's covered services are limited. Please verify a treatment is covered before beginning treatment.

TED Funds are provided through the Department of Health to assist senior dental students in providing care for patients whose annual income is less than 200% of the Federal Poverty Level and for procedures that are NOT routinely covered by Medicaid, if the particular patient has Medicaid. These funds are BEST used with a comp care patient needing help with the cost of treatment, and at the same time is giving you, the student, needed procedures for competencies / requirements that otherwise might not be able to be done because the patient couldn't afford to have the work done (i.e., restorations, crowns, partials, dentures, etc.). Following notification to UFCD that the TED Funds are available, senior dental students are notified by email of their allotment amount and given a copy of the TED Fund Policy and details of the required procedures for using the TED Funds. Each student's allotted amount may be distributed to multiple patients or the total may be used for a single patient; however, the proposed treatment to be TED Funded must be included in a signed treatment plan and each request must be approved PRIOR to the actual treatment being performed. Please present your request for TED Fund approval to Craig Kirkbride in the Office of Clinic Administration, Room D3-9.

Subject: University of Florida College of Dentistry
Title: Policy for Establishing a Financial Contract in the Clinical Care Groups
Date: August 18, 2008

Approving Authority: Dean Teresa A. Dolan, Executive Advisory Board

Custodian: Associate Dean for Clinical Affairs, 273-6826

Purpose:

Financial assistance is needed for many of our patients to continue their treatment in our student clinics. Once a treatment plan is established, many of our patients find themselves in a position that they cannot afford the lump sum payment for treatment that has been established. This also affects our students and their progression through our clinical curriculum, by decreasing the number of patients that will seek treatment. The purpose of this policy is to set up a mechanism for the patient to enter into a financial contract with the University of Florida, College of Dentistry to pay for planned treatment.

Policy:

The University of Florida, College of Dentistry will offer patients the option to pay for services through a contract establishing a payment plan with an appropriate down payment.

Procedure:

A. Guidelines to establish a Financial Contract with a Clinical Care Group:

1. Two distinct levels of contracts can be established based on the total cost for the treatment that is planned.
 - i. When the treatment planned is, or will be billed from \$400.00 - \$600.00 dollars.
 1. At the time of the contract being accepted a minimal down payment of ½ of the total amount being billed will be collected. Balance to be paid in monthly installments.
 2. The contract will be for a set amount of time not to exceed six months. (Minimal payment in this level will be \$35.00/month)
 - ii. When the treatment planned is, or will be billed over the amount of \$600.00 dollars.
 1. At the time of the contract being accepted a minimal down payment of 1/3 of the total amount being billed not to exceed \$300.00, will be collected. Balance to be paid in monthly installments.

FACULTY ASSOCIATES, INC
P.O. Box 100425
Gainesville, Florida 32610-0425

Budget Payment Agreement

Date: _____

Patient Name: _____ Chart#: _____

Student Name: _____ Student#: _____

Description of services to be performed: _____

Total Services:	\$ _____	Admin Fee-to be paid in addition to the down payment
Less Down Payment:	\$ _____	\$600 - \$1,000 \$50 fee
		Over \$1,001 \$75 fee

New Balance: \$ _____

Total # of Payments: \$ _____

Monthly Payment Amount: \$ _____

Total Due to establish contract: \$ _____ (down payment plus admin fee)

Student Signature: _____

Faculty Approval: _____ Faculty #: _____

I agree to pay Faculty Associates, Inc, the sum of \$ _____ each month for _____ months until the balance is paid in full. I understand that the payment plan will be considered in default if three monthly payments are missed. The entire balance becomes due and is subject to collection after 120 days.

I understand that I will not be schedule for appointments if I am not current in my payments.

I also understand that if the above terms are not met, this could result in being discharged from the student program.

Patient Signature: _____

IV. Disease Control Treatment Plan

This treatment plan is for patients who might have rampant decay and excavation of caries is necessary to determine restorability, or patients who may have non-restorable teeth which need to be extracted prior to a definitive treatment plan. Always consult with your Team Leader or another faculty member to determine the best approach for patient treatment. A Caries Risk Assessment Code (ICE) should be included in this plan. Once you've completed this treatment plan, the patient may proceed to treatment planning phase 1.

IV. Treatment Planning Phase 1

Sequencing

The college does NOT provide "Limited Care." This means that patients can't walk in and ask for a crown only, without a cleaning and all carious lesions removed first. We provide "Comprehensive Care." The following is a typical treatment planning sequence for phase I:

1. Phase I treatment planning (Comprehensive Oral Examination) with Diagnostic Casts
2. Extraction of "hopeless" teeth
3. Initial Periodontal Therapy
 - a. Adult prophylaxis/ SRP
 - b. Oral hygiene Instruction (OHI)
 - c. Fluoride treatment
4. Operative Procedure
 - a. Caries risk assessment (ICE)
 - b. Caries removal/ restorative treatment
5. Periodontal Phase 1 Evaluation (if initially has SRP performed)
6. Operative Evaluation

What to do before the first treatment planning appointment

This checklist can help prepare you for your first treatment planning appointment with a new patient:

- Call the patient and introduce yourself (establish rapport). Make sure to enter the details of your conversation into the Contact Notes section in the Patient Card.
- Give the patient a contact number for scheduling and emergencies. (i.e Treatment Coordinator's number)
- Tell the patient to check in and wait in the waiting area (not to walk in the student clinic without the student dentist)
- Tell the patient how much the treatment planning appointment will cost. (treatment planning \$61 + pulp vitality tests \$10 + diagnostic casts \$25= \$96)
- **Tell the patient that they must pay for the treatment at the time of service.**
- Tell the patient the estimated chair time per appointment (~ three hours)
- Advise the patient that two "no shows" or cancellations may result in dismissal of student program (optional). Emphasize the importance of canceling at least 48 hours in advance.
- Verify initial appointment scheduled via Treatment Coordinator.

- Verify radiographs were taken at screening appointment (FMX and/or PAN) and if any films will need to be taken at initial visit.
- Complete and have radiographic interpretations approved.
- If the patient has Medicaid, check with your Treatment Coordinator or the business office on the day of the appointment to verify that the patient's Medicaid is up to date.
- If the patient is covered by CHOICES, check with Michelle Chalmers to verify that the patient has not met the yearly quota.
- Verify that the patient does not have any outstanding balances.
- If an outside medical consult is needed, use the form shown below and scan it into the patient's record.

REQUEST FOR MEDICAL CONSULTATION

Return to: UFCD, P.O. Box _____
Gainesville, FL 32610
Phone (352) 273-6813
FAX (352) 392-8560

PHYSICIAN: _____ DATE: _____
ADDRESS: _____ PH. #: _____

The patient named below has presented to our clinics for treatment. To plan appropriate care, we would like further information concerning the medical status of this patient. **NOTE:** When indicated, prophylactic antibiotic medication will be administered according to the most recent American Heart Association recommendations.

PATIENT: _____ AGE: _____
ADDRESS: _____ CHART #: _____

REASON FOR REQUEST:

ANTICIPATED DENTAL CARE:

Supervising Dentist/Number Student Dentist/Number

PATIENT AUTHORIZATION: I have reviewed the above request and authorize release of any medical information that may be relevant for my dental care.

Patient's Signature Date

MEDICAL FINDINGS AND RECOMMENDATIONS CONCERNING PATIENT MANAGEMENT:

Physician's Signature Date

Medical Findings and Recommendations to be completed by consultant and white copy returned to the College of Dentistry. Consultant retains yellow copy. **NOTE:** Student to retain pink copy in chart before sending for consult.



VI. Treatment Planning Phase 2

Phase 2 treatment planning should be conducted as a single appointment to allow full explanation and comprehension of the patient. The student dentist should be prepared before the appointment to discuss several options with the patient. Mounted diagnostic casts are required. This treatment plan needs to be approved by your Team Leader and the attending faculty representing the discipline to be performed in phase 2 (i.e. Perio/Pros faculty). Remember that the patient's oral hygiene/ and periodontal maintenance is critical for phase 2 treatment to be successful.

Usually Phase 3 Treatment planning is discussed during this appointment as well.

The procedures included in phase 2 treatment planning:

- Periodontal Phase 2 procedures (mucogingival grafts, crown lengthening, open-flap SRP, etc)
- Prosthodontic procedures (FPD, RPD, complete denture, implants, etc)

After phase 2 treatment, the patient may enter phase 3 treatment or maintenance. Procedures include supportive periodontal therapy (SPT), occlusal splints/nightguards, fluoride trays, bleaching trays, etc.

If phase 2 treatment can't be conducted in the student clinics, complete **Inter-Clinic referral Form in Axium**. Refer to *Patient pool- Transfer/Discharge Patient*.

Managing Prosthodontic Cases

The most dreaded of all tasks follows every prosthodontic procedure: lab work!

Tips for prosthodontic cases and lab work:

- BE PREPARED! Study the night before and know the sequencing of a procedure.
- Dr. Echeto posted the **Prosthodontic Clinical Manual and Custom Tray** on ECO and it lists the sequencing for each possible prosthodontic case and lab work associated with each procedure. It is very helpful.
- Stay on top of your lab work. Pour impressions immediately. *All impression pouring/stone work is to be done in junior/senior lab....not in the clinics!* As you get more patients, the lab work starts building. Remember, everyone wants their two front teeth for Christmas!
- If you are not sure how or what to do, *ask for help* from a knowledgeable classmate, upper-classmate or faculty.
- Make sure the patient has paid for the procedure in full prior to sending to lab for fabrication and ensure all payment plans are up-to-date.

Work Authorization Forms/QA/SAL

Work Authorization Forms need to be completed for procedures that can't be completed chairside, and/or when a dental lab will need to manufacture the prosthesis. Examples of these

procedures include, but are not limited to: Crowns, FPD, RPD, complete dentures, immediate complete dentures, occlusal splints, and cast/post/core. These forms are completed in Axiom and must be approved by Prosthodontic faculty during a QA session. Once faculty has approved the QA session, Sal will the further review the student lab work to ensure lab acceptability. *CAUTION: if lab work is not accurately done or presented.....you will get "SAL'D".*

Estimated time needed for laboratory work

Allow at least three weeks for the lab work to return to the student dentist for delivery. Do not ask your Treatment Coordinator to schedule delivery appointments until you have a return date.

VII. Departmental Requirements

Plan ahead! Please don't wait until the last week of school or for the "perfect case." (Besides, there's not such thing as a "perfect case," just some that are better than others.) You must tell your team coordinator to schedule the appointment as a competency if you wish to attempt it in OPR, PERIO, or PROSTH. If you need a procedure for the semester or to graduate, ask within your team first. Likewise, if you have a procedure that you have already completed but others might need, please share! Nobody likes a selfish teammate. The next few pages show a list of the overall requirements for each department as well as the semester requirements per department.

Important Reminder! Department competencies and RVU requirements are frequently changed or modified. Always check with each department's most recent requirements. The links below will take you to the site of the most recent information.

UFCD Competencies, clinical courses syllabi, forms, manuals, handbooks

<http://www.dental.ufl.edu/Offices/Education/forms-publications.php#dmd>

Curriculum Overview with links to all DMD courses

<http://www.dental.ufl.edu/Offices/Education/DMD/curriculum.php>

VIII. Most Frequently Asked About Procedures

Sequence of Typical Patient Appointment

⇒ At the beginning of every appointment

1. Update Medical History and medications
2. Check Vitals
3. Ensure Patient understands the treatment about to be given
4. Read Contact Notes
5. Give patient an opportunity to ask questions
6. Get a start check from the faculty before you start treatment
7. Ensure patient has safety glasses
8. Open chart and Radiographic Images

⇒ At the end of every appointment

1. Complete note in Axium
2. Ensure treatment plan is sequenced properly and next appointment is planned
3. Ensure faculty approval of treatment, charting, notes and forms
4. Escort patient to Treatment Coordinator's office to schedule the patient's next appointment
5. Walk patient to the cashier's to pay
6. Clean your operatory (Your mom isn't here to do it for you.)



Interim Partial Dentures (i.e "Flippers")

This treatment option can be used for patients who will eventually need an RPD or FPD fabricated during phase 2 treatment but do not want to go without teeth during phase 1 treatment. This option is only to replace a couple of teeth, not an entire arch. Flippers are purely for aesthetics. You should make it clear to the patient that this is a temporary prosthesis and should not be functioned with (i.e. the patient should not eat with it on....purely aesthetic). Likewise, the patient should be notified that the flipper may not have ideal retention. Have the patient sign the **Interim Partial Denture Policy**. (Example of form is below.)

Interim Partial Dentures (ADA Code 5820) will cost the patient \$200, regardless of how many teeth are replaced. Have diagnostic casts mounted/tripoded/surveyed. A work authorization form needs to be completed to be sent out for fabrication. On the work authorization form include Interim Partial Denture design, teeth selection, teeth color, and which teeth are to be replaced.

Occlusal Splint/Night Guard

This treatment option is considered phase 3 treatment. This is an option for patients who have considerable wear due to bruxism or teeth grinding habits. You should make it clear to the patient that this is only to be worn when habits are most likely to take place (i.e. during sleeping). All day usage of splint may cause occlusion to be altered. Patients should also be informed that this splint will not stop the habits but will protect the teeth when bruxism occurs.

Occlusal Splint (ADA Code 9940) will cost the patient \$220. Student Dentist must have diagnostic casts mounted. A work authorization form needs to be completed to be sent out for fabrication. Student Dentist does not fabricate the splint.

Denture Relines

This treatment option is given to patients whose complete dentures may have lost retention, Immediate Complete denture has lost retention (usually 6 mo. after delivery), RPD extensions are not being tissue supported, patient's gingiva is too tender etc. When treatment planning Complete Dentures or Immediate Complete Dentures, the student dentist should always include a denture relines within the treatment plan. Consult with Prosthodontic faculty to ensure that this is a viable option for the patient.

There are two types of relines: hard and soft

A hard reline is normally done every two years on all Complete Dentures. You will remove some acrylic on the intaglio surface of the denture. A soft relining material (i.e Co-Soft) will then be placed on the intaglio surface. Make sure to follow the product's step-by-step instructions. The soft relining material will provide an accurate impression of the gingiva. You then complete a work authorization form, and the denture will be sent to the lab for manufacturing. This may take up to 24 hrs. Therefore, inform the patient that they will not have their dentures while this procedure is taking place.

A soft reline is an option for patients who can't wear the denture because their gums are too sore. Ensure that pressure areas do not exist using pressure-indicating paste (PIP), the patient's occlusion is balanced, and osseous surgery is not indicated. This relining material is pliable. Follow the soft-relining material's step-by-step instructions. This procedure does not need a work authorization form and can be done chairside.

Student-Implant Consults

Implant Screening: Screening for dental implant treatment is done by appointment. If you identify a potential implant patient, have your Treatment Coordinator contact Craig Kirkbride to schedule the screening appointment. Currently, implant screening appointments are available on most Tuesday afternoons, (Dr. Nimmo & Dr. Ruskin and seen in the Center for Implant Dentistry), and Wednesday afternoons (Dr. Nimmo & Dr. Aukhil and seen in your Team clinic). New junior dental students may not schedule an implant screening generally until October of

their first year in clinic; however, exceptions to this may only be made by the student getting permission directly from Dr. Nimmo.

For partially edentulous patients, we are providing posterior tooth replacement (i.e. molar or premolar) only. For edentulous patients, we are providing two-implant mandibular overdentures only. We use Straumann and Astra Tech dental implant systems, and a system will be selected by the faculty on the consult form.

Radiographic/Surgical guides: Once your patient is approved for treatment in the student program, you need to make a radiographic guide and a surgical guide. Dr. Nimmo is available to help you with these procedures, by appointment only. Student Dentists will need to bring the casts, the diagnostic wax up, a clear vacuform matrix of the diagnostic wax up, and print out of the most recent PA radiograph of the site. You need to get a PA radiograph with the radiographic guide in place, which shows the roots of the adjacent teeth prior to making the surgical guide. Bring a print out of this PA radiograph and casts with you to make the surgical guide.

Surgery Appointments: Once you have completed the surgical guide, you may schedule the implant surgery. On your screening form, there will be a circle around “OMFS” or “Grad Perio.” Go to the receptionist of the circled clinic to make the appointment. *Implant surgery should not be scheduled until you have the final surgical guide made.* Please plan on being present for your patient’s surgery and show the surgical guide to the surgeon before the appointment.

Restorative Appointments: Restoration of implants is done in the TEAMS clinics, after a suitable healing period, usually a minimum of 8 to 12 weeks, as indicated by the surgeon. *You will need to see Eric Weber to order the restorative components two weeks prior to the appointment.*

The wrench kits are available through central sterilization (you will need to specify Straumann or Astra – the kits are different). Prosthodontic faculty and Team Leaders are available to supervise the restorative treatment. When removing healing abutments, use a throat pack and tie off any wrenches with dental floss before they’re used in the mouth.

Additional information: If you want to read more about the *clinical procedures*, refer to ECO for DEN 7411 Overview of Implant Dentistry 2010. In the “Documents” section, look for the implant lectures entitled “2a Fixed Rest Options (abutment level)” and “3 Treatment of the edentulous patient.”

For additional information on the *guides*, in the “Documents” section, look for the implant lectures entitled “2b Templates” and “3 Treatment of the edentulous patient.” Implant documents are also available in DEN 9991 Lab Techniques.

Prefabricated/Fiber Post

Attending faculty will determine the type of post system that is indicated. Cast post and core procedures are outlined in the prosthodontic clinic manual. Techniques on prefab post and cores can be found on any of the six Operative clinical courses (DEN7744L, 7745L, 7746L, 8747L, 8748L, 8749L) on ECO. Each of these courses will have a Power Point on Taper Lux with ParaCore and the instructions for ParaPost Taperlux. It is in the documents section under orientation materials and methods. Remember, like the Boy Scout motto says: BE PREPARED!



Aesthetic Clinic

Cerec aesthetic cases: are completed in operatories in clinic 2B. Appointments are made with your Treatment Coordinator and cases must be approved by faculty before scheduling. Dr. Weinstein, Dr. Sensi and Dr. Ottenga will approve the Cerec cases. All other cosmetic procedures are approved by Dr. Ottenga. You must provide your own assistant (fellow classmate) while performing these procedures.

ITERO Impressions: You may schedule an Itero impression after achieving PURPLE PAPER OF POWER.

- 1) Please have your preparations of teeth completed and checked off by Prosthodontics faculty. The prep and temp step on Axium must be marked off as complete. For those in need of competency for impressions, this experience obviously does not count.
- 2) Ensure that your patient has paid for the procedure in full before the scheduling the Itero impression. We will not deliver restorations that are not paid in full. Turnaround time from the impression day is only two weeks!
- 3) Itero chair scheduling can be done by your coordinator. The chairs are available on Mon am and pm and Tuesday p.m. On the day of the procedure, come with your patient and instruments to the back rooms of 2B, in the Aesthe-tech chairs.
- 4) A few notes about preparing your patient for the Itero impression.
 - Please make sure you can visualize the margin.
 - The imaging system is unable to see through soft tissue and bleeding.
 - Packing cord and controlling bleeding with Viscostat is OK but if you are in need of crown lengthening, do so before scheduling Itero.
- 5) If you are imaging for a single crown, scanning is quick, 15-20 minutes. If we need to do a full mouth scan for multiple units or for bridges, scanning is rather lengthy, up to 45 minutes. Please plan accordingly.
- 6) The completed cases come back through Eric Weber's office and you can deliver them in your respective clinics.