

School of Dentistry

Dental Rounds Fall 2019

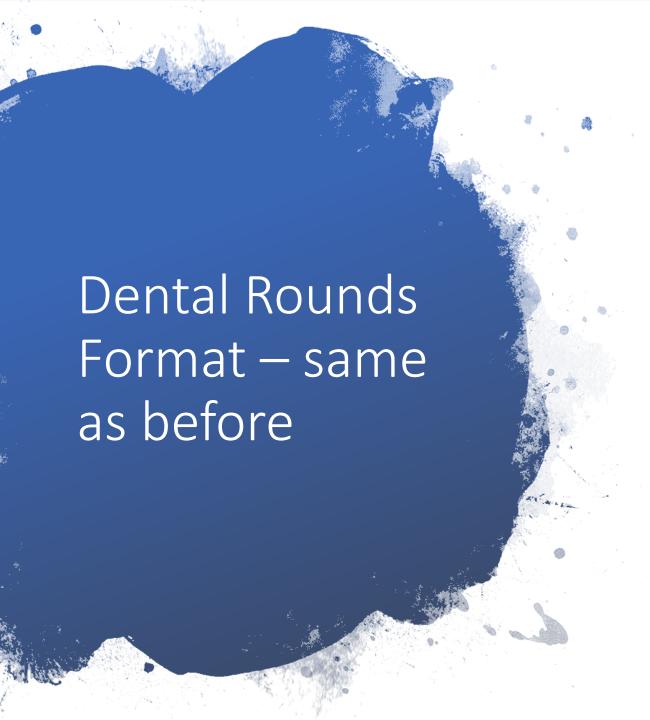
D3 Orientation

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What I learned as faculty that I wish I knew in dental school...

- Best ways to learn:
- As though you are teaching someone else
 - Do your homework: read references, access resources
 - Write: make a handout, an outline
 - Illustrate: use pictures and graphs, draw
 - Talk: review the topic with peers
- When you don't quite understand, ask questions
 - Make up exam questions
- Use cases to illustrate your topic → case-based learning



- Case-based learning, solving a clinical question
- Student presentations in small groups
 - 5 teams of 4 students
 - 1 team presents, observers post questions
 - Group Leader and specialist
- Vertical teams (D1-D4)
 - Each team member assignment matches level of academic and clinical development
- Goals:
 - Integrate basic science and clinical practice
 - Establish evidence-based approach to clinical decision making
 - Incorporate all dental specialty and disciplines in practice



- Fall Semester: Evidence-Based Rounds
 - Student case presentations
 - Address a specific clinical problem
 - Apply scientific evidence in developing solutions to the specific problem
- Spring Semester: Treatment-Planning Rounds
 - Student case presentations
 - Comprehensive treatment planning
 - Evidence: Clinical Practice Guidelines
 - Grand Rounds
- Summer Term:
 - Lessons Learned Rounds
 - Faculty case presentations

- Special Needs Patients "The Year of the Special Needs Patient"
- Collaborative Care
- Special Topics/Emerging Trends
- See Dr. Cimrmancic to coordinate with specialists
- SOME SPECIALISTS: "CONSULT ONLY"

- Special Needs Patients "The Year of the Special Needs Patient"
 - ACC / Special Needs Patients OR: apply "what-if" scenario to routine case
 - Considerations: patient management cognitive, behavioral, medical
 - Treatment parameters of general dentists vs. referral
- See Dr. Cimrmancic to coordinate with specialists
- Note: SOME SPECIALISTS: "CONSULT ONLY"

Collaborative Care

- Managing referrals from physicians for dental care communication & coordination.
- Systemic conditions affecting dental Tx delivery, collaborating with PCP & medical specialists
 - Ex: oncology, orthopedic, cardiovascular patients, poorly controlled chronic disease.
- See Dr. Cimrmancic to coordinate with specialists
- Note: SOME SPECIALISTS: "CONSULT ONLY"

- Special Topics/Emerging Trends
 - Emerging diseases, technology, therapies, materials, popular health care trends.
 - Patient Health Literacy: health care concerns for patients, health beliefs, antifluoride/vaccines/amalgam. Use lay literature/media and resources for pt. education.
 - **Provider Cultural Competency**: Develop awareness of cultural influences on health care practices, access to care, compliance with provider recommendations.
 - Trauma Informed Care: approach to treating patients with a history of trauma, behaviors suggesting trauma history, abuse, trafficking.
- See Dr. Cimrmancic to coordinate with specialists
- SOME SPECIALISTS: "CONSULT ONLY"



- When Rounds schedule is posted by your Group Leader:
 - D4 selects case and discipline. Might be one of **your** patients.
 - For new disciplines, see Dr.
 Cimrmancic for guidance to specialists:
 - Special Needs Patients
 - Collaborative Care
 - Special Topics/Emerging Trends
- Download D4 Checklist / D3 Consult Form
 - Follow the deadlines for approvals
 - Consult with specialist
 - Some specialists: "consult only"

EVIDENCE BASED DENTAL ROUNDS Fall 2019: Building on your skills



MUSoD Vision

- Truly integrated Predoctoral curriculum
- Connections between knowledge and skills from different disciplines
- Link between basic science knowledge and clinical application of science
- Bridge in the development of the competent practitioner
- Vertical team approach involves students from all 4 years who form teams that work with clinical cases together.



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What is Evidence Based Dental Practice?

ADA: "an approach to oral healthcare that requires the judicious integration of

- systematic assessments of clinically relevant scientific evidence,
- relating to the patient's oral and medical condition and history,
- with the dentist's clinical expertise and the patient's treatment needs and preferences."

Scientific evidence: foundation for clinical practice, but alone, is not enough.

EBD is a process:

Questions raised in clinical practice

Seek evidence-based solutions

Format searchable clinical question

Search: for best available evidence to answer the question

Critically appraise the evidence & apply it to clinical case scenario

Best Current Scientific Evidence

EBD

Patient's
Values &
Preferences

Clinical Expertise

Benefits

- **D1:** As you transition into the role of a dental student, understand the connections between D1 basic science knowledge to clinical cases. Normal structures and function. You are in the best position to understand the position of the patient, and to therefore ask relevant questions.
- **D2:** understand the management of a patient presenting with structural and/or functional abnormalities. Coordinate with and mentor the D1.
- D3: learn an essential skill to access and keep up with the vast and exponentially changing knowledge base. Learn to critically appraise the evidence, and communicate its significance to the patient. Balance evidence with clinician experience and patient preferences/ability to accept treatment.
 - Are the study findings reliable?
 - Have the studies been undertaken in a way that makes their findings reliable?
 - Can you make sense of the results?
 - Do you know what the results mean within the context of your clinical decision-making?
- **D4:** develop leadership skills in managing a team to address a clinical question relevant to a specific patient.

D 1-4 Rounds Team Responsibilities

- As presenters: your portion of the presentation
 - Alternate D3's: present different aspects of the same case
- As observers:
 - Attend all 4 remaining Rounds presentations within your assigned Rounds Group
 - In Advance:
 - Review posted materials
 - Post a question related to each of the other teams cases PRIOR TO their presentations
 - Select one journal article from any observed presentation
 - Review and summarize
 - Complete a classification of the journal type and study design

Team Presentation

- D4: Team leader
 - Presents the clinical case (10 min)
 - Patient of record with a specific problem
 - Translates D3 recommendations to patient
- D1: Basic Science aspect of the case
 - (5 min)
 - Normal form and function as it relates to the patient's problem
- D2: Pathology aspect of the case
 - (5 min)
 - Addresses the abnormality, disease process related to the patient's problem

D3: PICO question

- Evidence-based approach (10 min)
- Literature review presents the scientific evidence behind proposed solutions to the clinical problem
- Critical appraisal: weigh the strength of the evidence
- **Discussion** Students, Specialist, Group Leader (20 min)
 - Address questions posted by observers
 - What is the significance of the evidence to this case?
 - How to advise the patient in treatment choices?
 - Weighing the evidence, clinicians' experience, patient circumstances & preferences

D4 Team Leader Responsibilities

- Oversees the vertical team
- Selects the case and topic area
- Contacts and works with:
 - Their D1, D2, D3 team members
 - Specialist faculty



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- Assigns clinical question, pathology, and basic science questions
- May provide, or guide students to, reference materials
- Compiles and posts the PowerPoint presentation, incorporating team member slides

D3 Responsibilities – as Presenters

- EBD presentation (10min)
- Consult with assigned specialist
- Develop a focused PICO question, conduct literature search.
- Complete the CAT template posted on the MUSoD Rounds Website
- Develop slides for the PowerPoint with highlights from the written
 CAT template
- Present the PICO question and CAT in the Rounds setting
- Answer questions, participate in discussion with faculty and observers

D3 What is Critical Appraisal?

- Process of careful & systematic examination of the research to evaluate:
 - Is it trustworthy? Is there bias?
 - Is it relevant, and does it have value for the clinical problem to be solved?
- An essential skill for evidence-based practice
 - Make sense of scientific evidence. (What do the results really mean?)
 - Find and use research evidence reliably and efficiently
 - Assess research results, its relevance, and validity.
 - Is the intervention effective?

References

Scientific vs. Consumer

- References should be from <u>established texts</u> or **peer reviewed, refereed journals** from a recognized specialty, or premier organization.
- References should be cited accordingly so the Group Leader can review them for relevance and significance. If you are unsure of how to cite an end reference accordingly, please use this source:
- The Writing Center, University of Wisconsin Madison
 - https://writing.wisc.edu/Handbook/DocCSE NameYear.html

A FEW EXAMPLES:

Lectures

Journal of Periodontics

Journal of Prosthodontics

Journal of Endodontics

Journal of Dental Research

Journal of the American Dental Association

Predatory Journals

Journal of Pediatric Dentistry

COMPARE AND CONTRAST WITH SCIENTIFIC EVIDENCE one public/consumer resource, where applicable:

Dentaltown Dental Management Office websites

Consumer resources Conversations

Resources

Presentation & Observation

- Your Group Leader & Course Director
- Ms. Rosemary DelToro
 - MU Librarian
 - 288-3944
 - Rosemary.deltoro@Marquette.edu
- Your specialist faculty
- MUSoD Rounds Website
- Syllabus
- Articles & templates, PPT are built into the Rounds Website:
- http://www.musod.org/rounds/login.php

Administrative

- Course Director
 - Dr. Cimrmancic
 - Room 336H
 - 288-0791
- Attendance & Scheduling
 - Your Group Leader
 - Course Director
 - Ms. Catherine Porter
 - Mr. Tom Wirtz
- Website issues
 - Mr. Tom Wirtz

Presenter Checklist & Specialist Consult Form Evidence Based Rounds Fall 2018

GROUP Presentation Date/Time Discipline D4 Team Leader D3 D2 D1	ecklist r D4's
Alternate team member Age GenderEthnicity_	

PRESENTER ACTIVITY	APPROVAL	TIMELINE	
Case Selection:	GL	4 weeks prior to	
Clinical Question:	GL	presentation	
Specialist:	Consult Date:	Prior to GL approval- below	
PICO Question:	GL		
Pathology Question:	GL	3 weeks prior to presentation	
Basic Science Question:	GL		
POSTINGS IN ROUNDS WEBSITE	RESPONSIBILITY		
PowerPoint Case Presentation	D4		
Case Summary	D4	1 week prior to presentation	
CAT Template	D3		
Pathology Template	D2		
Basic Science Template	D1		

Presenter Checklist & Specialist Consult Form Evidence Based Rounds Fall 2018

D3 / SPECIALIST CONSULT FORM

PATIENT SUMMARY Chief Complaint: Problems: Clinical Question: Reason for specialist consultation: RECOMMENDATIONS Items for discussion and consideration Treatment options Recommendations for PICO* question & literature search *Pt/Problem/Population; Intervention; Comparison; Quitcome

Consult Form For D3's

Bottom line: How to advise the patient?

Download from Rounds Website

Faculty Name, Signature
Specialty/Discipline (Group Leader OK when specialist is not <u>available</u>)
Date of Consult

D1 - 4 Responsibilities — as Observers

- Attend all 4 Rounds presentations within your assigned group
- In advance:
 - Review posted materials
 - Post questions related to any aspect of the observed cases prior to their presentations
- Select 1 journal article from any observed presentation
 - Review & summarize
 - Complete a classification of the journal type and study design

Timelines – postings are time/date stamped

-- 10% grade reduction for each late posting

PRESENTER ACTIVITY	EXPECTED TIMELINE
GL approval: case selection & clinical question	4 weeks before presentation
GL approval: basic science, pathology & PICO questions	3 weeks before presentation
Post in Rounds Website: PowerPoint case presentation CAT template Pathology template Basic science template	1 week before presentation
OBSERVER ACTIVITY	EXPECTED TIMELINE
Review case materials	Prior to presentation
Post discussion question	2 days prior to presentation
Post classification of evidence from one article	Not more than 2 business days AFTER the LAST group presentation.

Grading

Case Presentation

40% of overall grade

• Written Case Materials 20% of overall grade

• Rounds case document

Clinical Question

PowerPoint Template

50% of written case materials

50% of written case materials

Participation

Discussion Questions

Classify/Weigh Evidence

40% of overall grade

50% of participation

50% of participation

Attendance

Affects final grade

• Observation:

- Absence: missed session or > 15 minutes late
- Approved absences require notification (Handbook of Academic Policies & Procedures)
- Register online for make-up sessions.
- Unapproved absence/late 15 min: requires make-up and incurs ½ letter grade deduction from final grade.
- Presentation: you must pass your presentation in order to pass the course. Unapproved missed presentation results in course failure.

Rounds attendance and participation

- You are expected to come to Rounds each session prepared to participate.
- Missing a Rounds session (or >15 min. late) require attendance at another Rounds session approved by your Group Leader and host Group Leader.
 - Register on the Rounds Website
- Unapproved absences (or > 15 min. late) will result in a half letter grade deduction from your final grade.
- Missing your own presentation: remediate. If absence is unapproved: failure of the course.
- Follow the policies in the *Course Syllabus* and refer to *Handbook on Academic Policies and Procedures*

TOPICS

- Interesting, timely issues
- Classic topics
- Emerging topics
- The What-if scenario
- Work with your GL, specialist, Dr. C





With D4: confer on case & topic Contact your Specialist Collaborate with your team

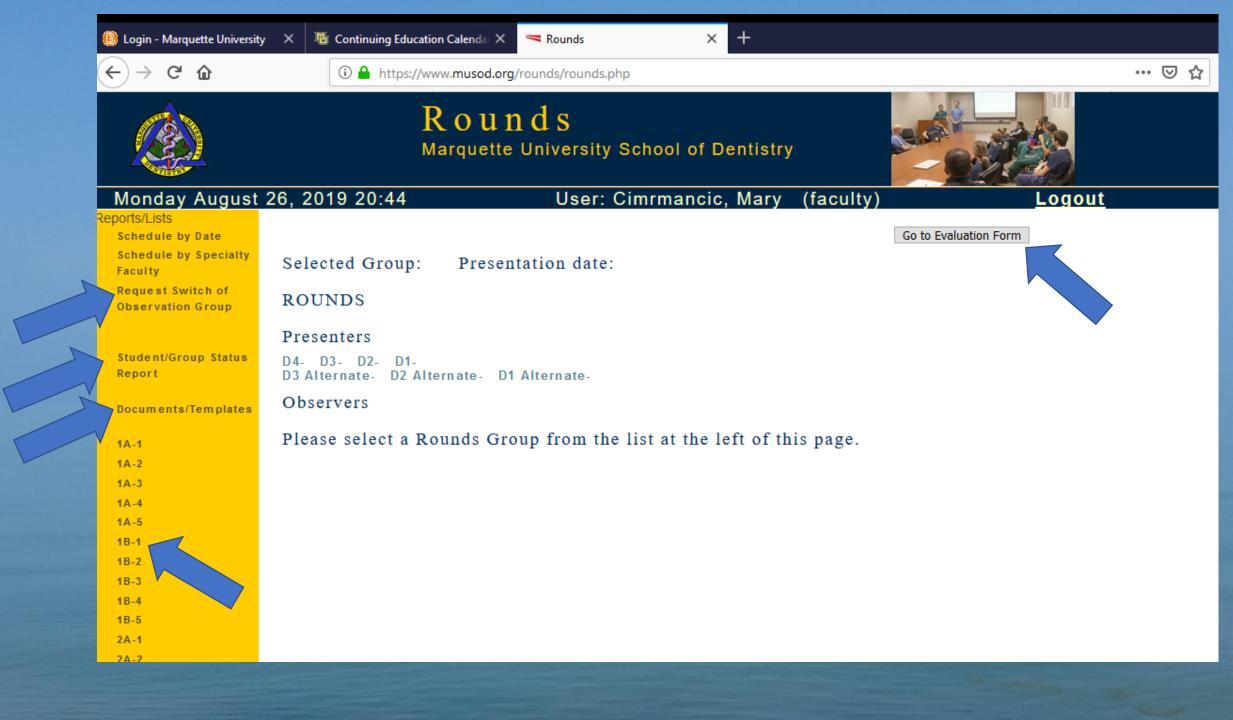
And: Group Leader

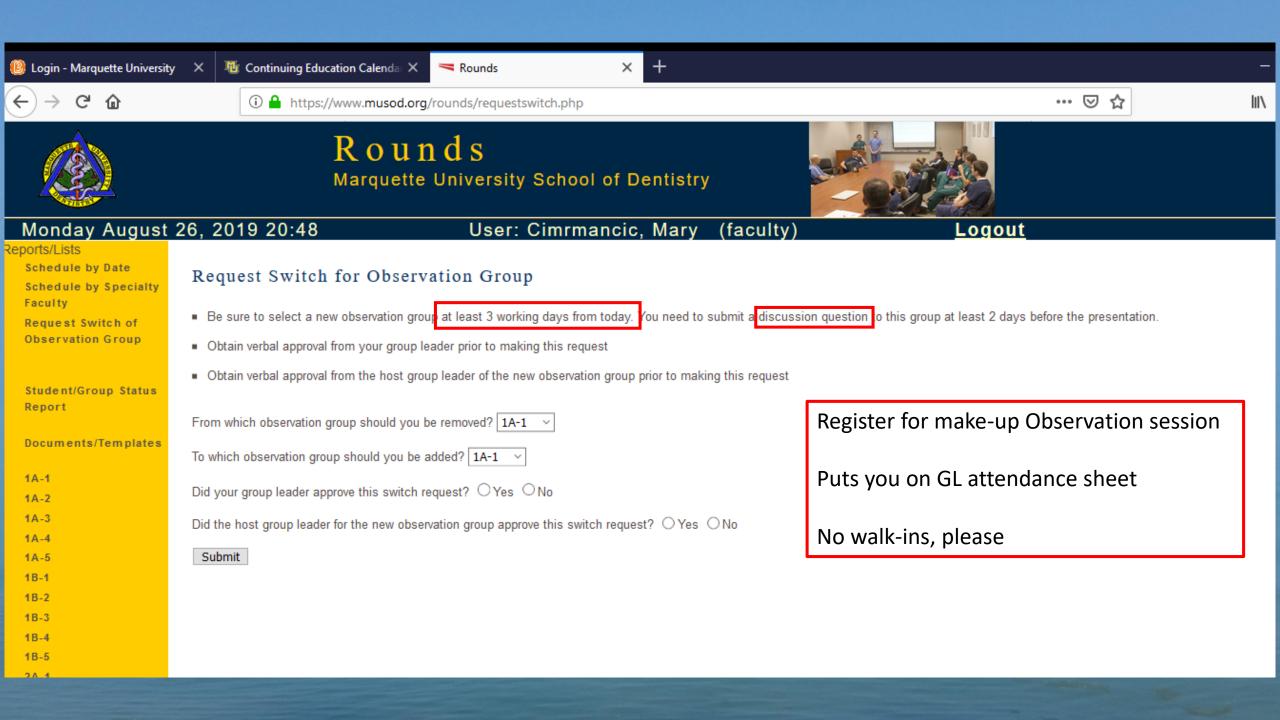
Specialist

Course Director

Dental Rounds as a laboratory for applied research, case-based learning. Presentation and discussion. Where clinicians are made...

- GP as the quarterback of a case.
- Specialists as the resources.
 - **Private practice:** patient is referred to specialist(s) for opinions on treatment options. GP and patient evaluate those opinions and options and decide on course of treatment. Opinions may or may not be consistent. What to do?
 - Critical thinking assess the evidence, opinions, make decisions and recommendations
 - Evidence Based Dentistry scientific evidence, clinician experience, patient preferences and ability to proceed with tx.
- What to do with the information as it pertains to advising the patient in making treatment decisions?







Rounds

Marquette University School of Dentistry

Sunday August 26, 2018 17:11

User: Cimrmancic, Mary (facult

Reports/Lists

Schedule by Date

Schedule by

Specialty Faculty

Student/Group Status Report

Documents/Templates

1A-1

1A-2

1A-3

1A-4

1A-5

1B-1

1B-2

1B-3

1B-4

1B-5

2A-1

2A-2

2A-3 2A-4 Rounds Student Status Report

Generated on 08/26/2018

Fall 2018

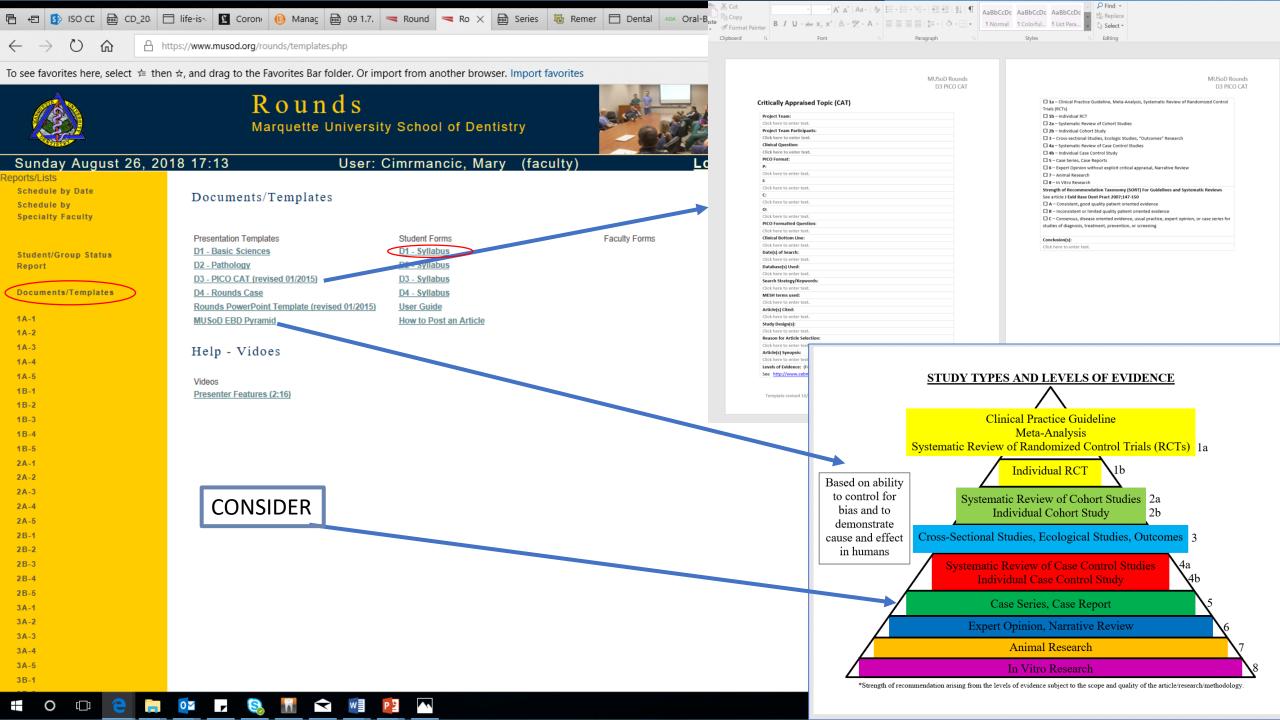
Individual Requirements

Classify an article [Due within 2 days of last presentation date] Incomplete

Presentation Groups

1A-1 Presentation date: 08/01/2018

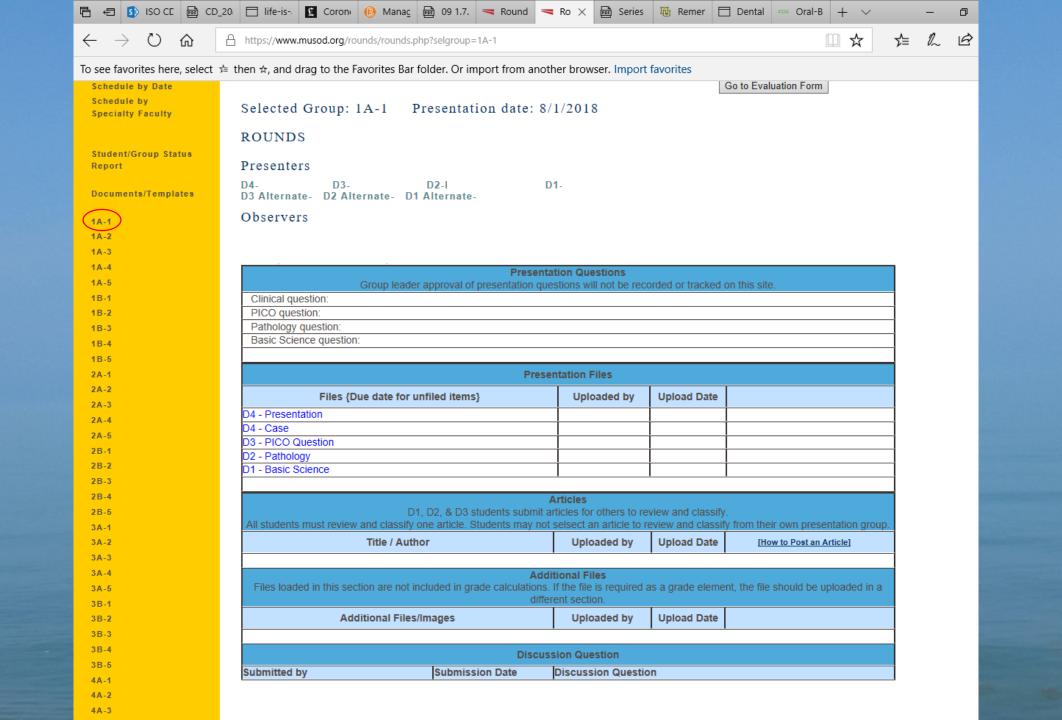
171 TT TC3CHtation date: 00/01/2010		
Requirement	Due Date	File Date
D4 Clinical question	07/04/2018	Incomplete
D4 Presentation file	07/25/2018	Incomplete
D3 PICO question	07/11/2018	Incomplete
D3 Post article		
D2 Pathology question	07/11/2018	Incomplete
D1 Basic science question	07/11/2018	Incomplete
D3 alternate PICO question	07/11/2018	Incomplete
D2 alternate Pathology question	07/11/2018	Incomplete
D1 alternate Basic science question	07/11/2018	Incomplete



Critically Appraised Topic (CAT)

Project Team:
Click here to enter text.
Project Team Participants:
Click here to enter text.
Clinical Question:
Click here to enter text.
PICO Format:
P:
Click here to enter text.
Ŀ
Click here to enter text.
C:
Click here to enter text.
0:
Click here to enter text.
PICO Formatted Question:
Click here to enter text.
Clinical Bottom Line:
Click here to enter text.
Date(s) of Search:
Click here to enter text.
Database(s) Used:
Click here to enter text.
Search Strategy/Keywords:
Click here to enter text.
MESH terms used:
Click here to enter text.
Article(s) Cited:
Click here to enter text.
Study Design(s):
Click here to enter text.
Reason for Article Selection:
Click here to enter text.
Article(s) Synopsis:
Click here to enter text.
Levels of Evidence: (For Therapy/Prevention, Etiology/Harm)
See http://www.cebm.net/index.aspx?o=1025

□ 1a – Clinical Practice Guideline, Meta-Analysis, Systematic Review of Randomized Control	
Trials (RCTs)	
□ 1b – Individual RCT	
☐ 2a – Systematic Review of Cohort Studies	
☐ 2b – Individual Cohort Study	
☐ 3 – Cross-sectional Studies, Ecologic Studies, "Outcomes" Research	
☐ 4a – Systematic Review of Case Control Studies	
☐ 4b — Individual Case Control Study	
☐ 5 — Case Series, Case Reports	
☐ 6 – Expert Opinion without explicit critical appraisal, Narrative Review	
□ 7 – Animal Research	
□ 8 – In Vitro Research	
Strength of Recommendation Taxonomy (SORT) For Guidelines and Systematic Reviews	
See article J Evid Base Dent Pract 2007;147-150	
☐ A – Consistent, good quality patient oriented evidence	
☐ B – Inconsistent or limited quality patient oriented evidence	
☐ C – Consensus, disease oriented evidence, usual practice, expert opinion, or case series for	r
studies of diagnosis, treatment, prevention, or screening	
Conclusion(s):	
Click here to enter text.	





Thank you!

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