

General Information

- Keep the order of slides the same as this template.
- Limit the number of slides to about 35.
- Add graphics to illustrate concepts.
- Cite references, illustrations on slides.
- Avoid crowding the slide with too much text.
- Best font size: 32.
 - Font size smaller than 24 will be difficult to read.

General Information:

Slide Design

- Choose an esthetic design that enhances, and does not detract from, the presentation.
- Text should be easily readable, not crowded.
- The easiest typeface to read are **sans serif** fonts, that is, without serifs.
 - For example, Times New Roman is a **serif** typeface while Arial, Corbel and Lucida Sans are **sans serif** typefaces.

General Information

Presentations

- D₄ Case presentation: 10 minutes
 - D₁ Basic Science presentation: 5 minutes
 - D₂ Pathology presentation: 5 minutes
 - D₃ PICO CAT presentation: 10 minutes
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- 30 minutes of student presentation will be followed by 10 minutes of discussion.

Important:

- All patient information must be de-identified
 - Radiographs
 - Images
 - Charts and odontograms
 - No names

Template Slides: #5-38
Delete Slides #1-4 from presentation

Fall Rounds Presentation

**Evidence Based Dentistry Rounds
Pharmacology/Oral Medicine**

Rounds Team

- **Group Leader: Dr. Dix**
- **Specialty Leader: Dr. Khaled**
- **Project Team Leader: Benjamin Gosselin**
- **Project Team Participants:**
 - **D1: Jennifer Stamos**
 - **D2: Ahmad Founas**
 - **D3: Mourin Serour**

Patient

- 1-2 slides, patient background
- Age
- Gender
- Ethnicity
- Chief Complaint
- Additional pertinent information
- Information is de-identified throughout presentation

Medical History

- 1 slide describing medical history
- Current & past:
 - Diagnoses
 - Conditions
 - Medications
 - Medical Consults, if any
 - Treatment considerations

Dental History

- 1 slide describing past dental history

Radiographs

- Panoramic image (if available)

Radiographs

- Full mouth series (BWX & PAX)
- Although all BWX and periapical radiographs could be placed on this slide, it will be hard to read.
- Recommendations:
 - Show overall FMX on this slide
 - Show necessary close-up views on separate slide(s)
 - Zoom in on, or enlarge, relevant views of areas of interest.
 - Insert arrow, or other indicator, to draw attention to findings. Correlate with list of pertinent radiologic findings.

Radiographic Findings

- 1 slide summarizing pertinent radiologic findings
- Illustrate with radiograph and/or other graphics as needed

Clinical Findings

- 1 slide describing all clinical findings
- Clinical photos 1-2 slides
 - Relevant extraoral &/or intra-oral views
- Photos of casts 1-2 slides
 - Mounted on articulator
 - Same views as intraoral photos
 - Occlusal maxilla, mandible
 - Open, closed
 - Anterior, lateral
 - In occlusion, excursions
 - Show excursions from posterior to molar view

Specific Findings

- List findings specific to the Rounds discussion, 1 slide
- To enhance viewing, include close-ups of clinical photos, cast photos, radiographs, add slides as needed

Periodontal Charting

- Ensure that the periodontal charting is readable.
- **Highlight**, surround, point to, or zoom in on areas of interest.



zoom in

Diagnosis

- Diagnosis pertaining to Rounds discussion,
1 slide

Problem List

- 1 slide
- Include graphics as needed

D1 Basic Science

- **1-2 slides** (*Summarizes written report in D1 Basic Sciences Template posted in Rounds Website.*)
- **D1 Basic Science Question:**
- **Discussion:**
- **Reference citation(s):**
 - **Scholarly source(s) only**

D2 Pathology

- **1-2 slides** (*Summarizes written report in D2 Pathology Template posted in Rounds Website.*)
- **D2 Pathology Question:**
- **Discussion:**
- **Reference citation(s):**

D₃ PICO

- **Clinical Question:**

PICO Format

P:

I:

C:

O:

PICO Formatted Question

Clinical Bottom Line

Search Background

- **Date(s) of Search:**
- **Database(s) Used:**
- **Search Strategy/Keywords:**

Search Background

- **MESH terms used:**

Article 1 Citation, Introduction

- Citation: Authors, Title, Journal, Date, Volume, Page Numbers.
- Study Design:
- Study Need / Purpose:

Article 1 Synopsis

- 1-2 slides
- Method
- Results
- Conclusions
- Limitations

Article 1 Selection

- 1 slide
- Reason for selection
- Applicability to your patient
- Implications

Article 2 Citation, Introduction

- Citation: Authors, Title, Journal, Date, Volume, Page Numbers.
- Study Design:
- Study Need / Purpose:

Article 2 Synopsis

- 1-2 slides
- Method
- Results
- Conclusions
- Limitations

Article 2 Selection

- 1 slide
- Reason for selection
- Applicability to your patient
- Implications

Levels of Evidence

- 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

Double click table to activate check-boxes

Strength of Recommendation Taxonomy (SORT)

<input type="checkbox"/>	A – Consistent, good quality patient oriented evidence
<input type="checkbox"/>	B – Inconsistent or limited quality patient oriented evidence
<input type="checkbox"/>	C – Consensus, disease oriented evidence, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening

Double click table to activate check-boxes

Conclusions: D₃

How does the evidence apply to this patient?

- Consider/weigh:
 - Literature
 - Group Leader & Specialist experience
 - Patient circumstances & preferences

Based on the above considerations, how will you advise your D₄?

Conclusions: D4

Based on your D3's bottom line recommendations, how will you ***advise*** your patient?

How will you ***help*** your patient?

Discussion Questions

- 1-2 slides
- List posted discussion questions
- Questions may also be from Group Leader or Specialist

Discussion Questions

THANK YOU
