

# **Fall 2020 Rounds**

## **Evidence Based Dentistry Rounds**

### **Pediatrics**

**Group 1A-4**

**10/14/2020**

# Rounds Team

---

- **Group Leader: Dr. Smithy**
- **Specialty Leader: Dr. Engibous**
- **Project Team Leader: Stefan**
- **Project Team Participants: Muhammad; Jordan; Aesha**

# 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

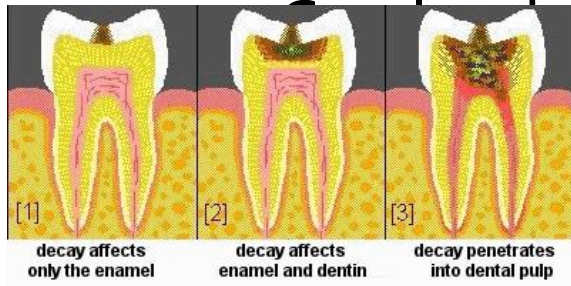
---

- 1 slide
- Include graphics as needed

# Nitrous Oxide for Dental Anxiety

- Dental Anxiety

- 42% of children in a study (105/
- Injections #1, dentist drills #2



[https://www.infodentis.com/images-eng/dental\\_decay\\_progression\\_large.jpg](https://www.infodentis.com/images-eng/dental_decay_progression_large.jpg)

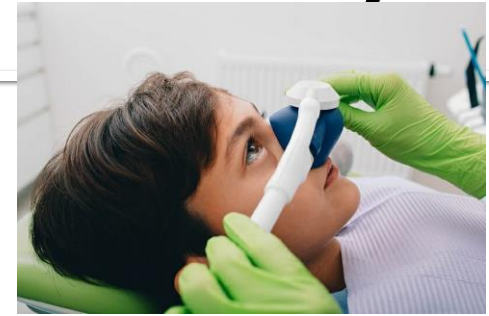


<https://www.infodentis.com/wp-content/uploads/2019/10/scared-of-the-dentist.jpeg>

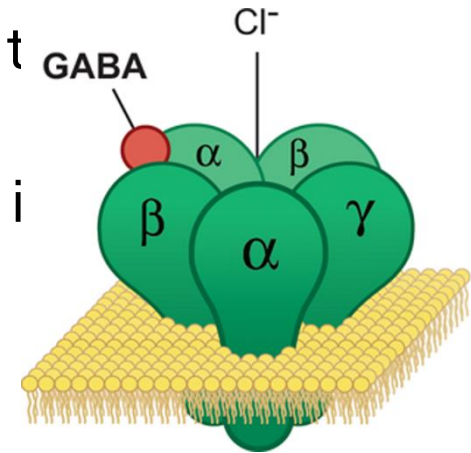
Kakkar, Mayank, et al. "Prevalence of Dental Anxiety in 10-14 Years Old Children and Its Implications." *Journal of Dental Anesthesia and Pain Medicine*, 21 Sept. 2016, [jdapm.org/search.php?where=aview](http://jdapm.org/search.php?where=aview).

# Nitrous Oxide for Dental Anxiety

- Dental Anxiety
  - Increased neuronal activity
- Anxiolytic Effect
  - GABA (inhibitory neurotransmitter) binds to Receptor
  - Reduction in neuronal activity = reduction in anxiety
- Dopamine
  - Produces euphoric feeling



[https://northsidedent.com/wp-content/uploads/2018/10/shutterstock\\_1573121599.jpg](https://northsidedent.com/wp-content/uploads/2018/10/shutterstock_1573121599.jpg)



[https://www.hussmanautism.org/wp-content/uploads/2016/02/GABA-receptor\\_mod.png](https://www.hussmanautism.org/wp-content/uploads/2016/02/GABA-receptor_mod.png)

*Use of Nitrous Oxide for Pediatric Dental Patients.* American Academy of Pediatric Dentistry, 2018, [www.aapd.org/research/oral-health-policies--recommendations/use-of-nitrous-oxide-for-pediatric-dental-patients/](http://www.aapd.org/research/oral-health-policies--recommendations/use-of-nitrous-oxide-for-pediatric-dental-patients/)

# D2 Pathology

---

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



# D<sub>3</sub> 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"/>	<b>A</b> – Consistent, good quality patient oriented evidence
<input type="checkbox"/>	<b>B</b> – Inconsistent or limited quality patient oriented evidence
<input type="checkbox"/>	<b>C</b> – 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: D<sub>3</sub>

---

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 D<sub>4</sub>?

# 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

---

# 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

---

- D<sub>4</sub> Case presentation: 10 minutes
  - D<sub>1</sub> Basic Science presentation: 5 minutes
  - D<sub>2</sub> Pathology presentation: 5 minutes
  - D<sub>3</sub> PICO CAT presentation: 10 minutes
- 
- 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 #1-5 from presentation**