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

- 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

Ideal Crown Material

Evidence Based Dentistry Rounds Specialty

5a-5

D4:Vishy Singh D3: Alex Wedige D2: Cameron Young D1: Amanda Toy

11/11/20

Rounds Team

- **Group Leader: Dr. Dix**
- **Specialty Leader: Dr. Keesler**
- **Project Team Leader: D4: Vishy**
- **Project Team Participants: D1: Amanda Toy; D2: Cameron Young; D3: Alex Wedige**

Patient

- 1-2 slides, patient background
- 63 Y.o.
- Female
- White
- CC: "I want to get my chewing ability back"
- Pt: Had previous partial that she lost due to #27 needing to be extracted due to gross decay

Medical History

- Current & past:
  - Diagnoses
  - Conditions
  - Medications
  - Medical Consults, if any
  - Treatment considerations

Dental History

- Pt has been a patient at MUSoD for the past 6 years
- Hx of chronic periodontitis, now stable on a reduced periodontium
- RCT #5 and #14
- Past mandibular RPD

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

- Generalized recession
- 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)

☐	**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 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