

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**

2020 FALL ROUNDS

EVIDENCE BASED DENTISTRY
ROUNDS

SPECIALTY: PUBLIC HEALTH

GROUP 4B

DATE: 11/18/20

ROUNDS TEAM

- **Group Leader: Dr. Grady**
- **Specialty Leader: Dr. Okunseri**
- **Project Team Leader: Shannon Burns**
- **Project Team Participants: Kelsey Cho, Hannah Punnoose, Lauren Eskoz**

PATIENT

- 1-2 slides, patient background
- 72
- Female
- Caucasian
- 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 (BWV & PAX)
- Although all BWV and periapical radiographs could be placed on this slide, it is not recommended.
- 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,
I slide

PROBLEM LIST

- 1 slide
- Include graphics as needed

DI BASIC SCIENCE

- *1-2 slides (Summarizes written report in DI Basic Sciences Template posted in Rounds Website.)*
- ***DI 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 I CITATION, INTRODUCTION

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

ARTICLE I SYNOPSIS

- I-2 slides
- Method
- Results
- Conclusions
- Limitations

ARTICLE I SELECTION

- I 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

- I 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

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

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