

# General Information

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- 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

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- 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

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- 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
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- 30 minutes of student presentation will be followed by 10 minutes of discussion.

# Important:

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

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

# **Bony Exostoses**

## **Evidence Based Dentistry Rounds Oral Surgery**

**4B-3**

**Team**

**11/18/2020**

# Rounds Team

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- **Group Leader: Dr. Grady**
- **Specialty Leader: Dr. Almeida**
- **Project Team Leader: Kelsey Godfroy**
- **Project Team Participants: Sara Connell,  
Dillon Cea, Trey Gullickson**

# Patient

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



# Medical History

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

# Dental History

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- 1 slide describing past dental history

# Radiographs

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- Panoramic image (if available)

# Radiographs

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- 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

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

# Clinical Findings

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- 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

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- 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

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- Diagnosis pertaining to Rounds discussion,  
1 slide

# Problem List

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- 1 slide
- Include graphics as needed

# D1 Basic Science

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- **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

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- **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

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- **Clinical Question:**

# PICO Format

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**P:**

**I:**

**C:**

**O:**

# PICO Formatted Question

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# Clinical Bottom Line

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# Search Background

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

# Search Background

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- **MESH terms used:**

# Article 1 Citation, Introduction

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

# Article 1 Synopsis

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

# Article 1 Selection

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

# Article 2 Citation, Introduction

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

# Article 2 Synopsis

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

# Article 2 Selection

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- 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>

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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

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

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

# Discussion Questions

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

# Discussion Questions

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# THANK YOU

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