

Types of Diagnosis Clinics in Salud/SSMD

Historically the diagnostic phases for clinics were divided into 2 appointment types:

DPR (Diagnosis Procedure Records)

- Med and dent HX
- IO and EO exam and data collection,
- Hard and soft tissue charting
- perio charting
- radiographs
- diagnostic impressions
- photos

OD Clinic (Oral Diagnosis)

- students spend upwards of an hour, one-on-one with an instructor to confirm/verify their findings/charting and verify the formulated treatment plan options. These clinics were designated and booked separately in Salud.

In order to allow for a “blitz” of DPR sessions (12 cubicles per session) in week 3 and 4, a special clinic designation was created and designated as **DIAG-Diagnostic**. This was to allow for greater capacity to front-end load the volume of patients that could be covered by individual faculty. OD’s were not allowed in these sessions as this would monopolize an instructor’s time and decrease the overall number of DPR’s that could be initiated.

DIAG clinics will not appear again until September of next year for the incoming 3rd years.

MOVING FORWARD

DX/TX-Diagnosis and Treatment Planning

Since COVID, DPR/OD clinics have been blended into one catch-all clinic designated in Salud as DX/TX-Diagnosis and Treatment Planning. **We still use the designation of DPR and OD to identify the purpose of the individual appointments.**

You will notice that you are starting to be allocated DX/TX clinics (Diagnosis and Treatment Planning) as populated in your Salud calendars, starting in week 5 (October 3rd).

Patients can be booked into these clinics for 2 purposes ONLY:

- to initiate or complete a DPR appointment-diagnostic patient records collection as noted above.
- To complete an OD-Oral Diagnosis and Treatment Planning appointment as noted above.

NOTE: pre-op scaling may be initiated in these cubicles when booked for a DPR/OD with permission of covering RDH.

DO NOT BOOK OTHER DISCIPLINES INTO DXTX CUBICLES. IF YOU ARE UNABLE TO USE AN ASSIGNED DXTX CUBICLE WITHIN 48 HOURS OF THE SESSION, PLEASE NOTIFY COURTNEY SO THE CUBICLE CAN BE RE-ALLOCATED-ESPECIALLY DURING THE FALL TERM.

At the beginning of the year, when you do not have a full portfolio, we allow you to complete DPR's in other disciplines like Operative, Prosth, Perio. It makes sense to complete DPR's in these sessions during the beginning of the year, and reserve the DX/TX cubicles for OD's when possible, as the OD cubicles are fewer in number. Please note that you may complete DPR's in the other indicated disciplines but the **OD may only be completed in a DX/TX cubicle.**

If you are completing a DPR or a Perio scaling in another discipline (requiring RDH coverage), please ensure that you advise the RDH faculty, and the covering DDS faculty, by email prior to the start of the session. You must also indicate in the "NOTES" field of the appointment, what procedures are going to be completed in that session (see document-[SALUD-Appointment notes](#) under D5320 Owl site resources tab or Clinics Owl site resources tab).

Please carefully note the following:

- There will be 2 cubicles per covering DDS faculty in each DX/TX session.
 - It is possible that 2 OD's will be scheduled with the same instructor in the same session
 - Both OD's can't be started at the same time so please be patient
- There will be 1 RDH Faculty covering the DX/TX appointments-covering 4-6 cubicles
- DDS faculty will also be covering Perio cubicles and OCA Recall cubicles where exams may also need to be completed-again please be patient.

The RDH faculty are your best resource for guidance on how to proceed with your case:

- During DX/TX clinics, RDH faculty will survey the number and types of cubicles booked, and what the operator requirements are for the session.
- They are excellent at determining the order and priority of which operator should have the OD started before the 2nd operator.
- Example #1:
 - 2 OD's booked with Dr. Polos at 9am.
 - Cubicle C16 patient requires Perio 1-start with this OD
 - Cubicle C18 patient is a pre-op scale
 - RDH will suggest Dr. Polos start OD in C16 and cubicle C18 can initiate their pre-op scale, with OD to follow
- Example #2:
 - 1 DPR booked in C15
 - 1 OD booked in C17
 - Dr. Polos will start with case presentation and prescription radiography for the DPR in C15, then subsequently complete the OD in C17

Prior to Booking your OD Appointment

- Complete diagnostic records must be obtained and recorded (DPR)
 - Med History/Dent HX/CC/HPC
 - EO Exam and findings
 - IO Exam and findings
 - Caries risk assessment
 - Occlusal analysis
 - Odontogram
 - Radiographs and radiographic interpretation completed ^{1*}
 - Please note that if you have received radiographs from an outside dentist/clinic, you are expected to complete an interp for these as well
 - Study casts if appropriate
 - IO photos
 - Perio charting-signed off by RDH Faculty as a pre-op scale or Perio 1 case ^{2*}
 - List your Findings (Clinical and Radiographic), Problem List, and working Diagnoses
 - OD worksheet completed with working tx plans developed in Phases:
 - Systemic
 - Acute
 - Plaque-mediated disease control
 - Definitive
 - Maintenance

1*-there is going to be a backlog of rad interp sessions in October. Therefore, if the booking of your rad interp will delay your ability to complete the OD (because you have available OD appointments allocated and waiting), in these exceptional cases, you may proceed with booking the OD prior to the rad interp, so as to not delay case progression. The treatment plan/notes may not be authorized until the rad interp is completed. The expectation is that the rad interp will still be completed! Please note that every effort must be made to complete the rad interp prior to the OD. The above provision is only meant to be an exception. If it is misused, this exception will be removed.

2*-there may be cases where all diagnostic data has been gathered at the DPR appointment and the one missing piece of the data collection is having the perio measures verified and signed off by an RDH faculty. In these cases, you may appoint the patient for an OD and simply have the measures verified at the beginning of the OD appointment. The need for this should be noted in the appointment NOTES field, and the respective covering RDH faculty notified of the same at the beginning of the OD appointment. Of course, it follows that your working periodontal diagnosis for the patient may change if the perio measures vary after verification by the RDH.

Pre-op scale (11111) versus Perio 1 (11112) Patients

Some of you may be aware of how the above patients are managed. When the RDH faculty examine your patients and verify your periodontal charting, a decision is made to classify the patient as a pre-op scale versus a patient who will require a Perio 1 Case Assessment and Presentation.

- Pre-op scale patients require a full mouth debridement prior to the initiation of the rest of the treatment plan.
- Perio 1 patients require the completion of a Perio 1 case presentation and Perio Re-evaluation at the determined interval.
 - After the Perio 1 case presentation, full mouth debridement will be completed along with the Perio Re-eval, prior to the initiation of the definitive phase of the treatment plan.
 - Please note that any urgent/emergent/acute treatment may be accomplished for the patient at any time
 - Example: removal of a hopeless tooth, pulpectomy/pulpotomy, gross caries control, or RCT on a tooth that will be retained as part of the overall tx plan. These procedures can be carried out prior to the Perio Re-eval.
 - In addition, the basic direct restorative treatment plan-direct restorative/operative-may be initiated AFTER debridement and BEFORE the Perio Re-eval appointment if this is suitable for the patient.

Fanshawe Patients

- Fanshawe patients are sometimes referred to our clinic for limited treatment operative. If one of these patients is assigned to you for limited treatment, you do not need to complete a formal DPR since these patients are under active care at Fanshawe. You still need to complete an examination though prior to proceeding with treatment. This can be completed at the beginning of the Operative session. The minimal charting that should be completed would be:
 - EO/IO examination noting any significant findings
 - Notation of the clinical and radiographic findings
 - Diagnosis
 - Odontogram
 - indicating any missing teeth
 - charting of existing restorations and perio measures in the quadrant(s) where treatment is being rendered.
 - Treatment plan-entered into Salud and authorized by covering faculty
 - Once treatment is complete, a letter written by the student and co-signed by the mentor should be emailed back to Fanshawe College outlining the type of treatment rendered and any other relevant information including a thanks for the referral.

- We do not charge a specific examination for these patients. If additional radiographs are required, there would be the customary fee for this service, with the patients' consent.

Limited Treatment Referrals from the Community

- **Endo**-these patients are directly booked into Endo. The restoration of the tooth prior to returning the patient to the referring dentist is at the discretion of the covering Endo faculty.
 - A letter should be emailed back to the referring dentist outlining the details of the treatment rendered and co-signed by the student's mentor.
- **Prosth**
 - Patients who are referred to the school for limited treatment Prosthodontic treatment, with the expectation on the referral form that the patient returns to the community DDS for all future treatment, still require a DPR appointment (comprehensive exam/charting) for their first visit.
 - If the patient is dentally healthy and does not present with additional dental or periodontal disease or conditions, the DPR and OD may sometimes be accomplished in the same appointment. All the same data collection/comprehensive examination must be completed along with complete odontogram and periodontal measures. The treatment plan with these patients is usually much less complicated as they have been referred for a specific concern/treatment so they should be in optimal dental health. The most common type of this referral is for a single tooth implant. If the student is prepared, organized, and the patient is otherwise dentally healthy, it is quite possible to complete the DPR/OD, Prosth consult and Dx models/occlusal records in one 3-hour appointment.
 - If it is determined that there is additional treatment required outside the treatment requested/indicated by the referring DDS, this must be communicated back to the referring dentist indicating the same and requesting guidance on how to proceed (will the referring DDS complete the tx or do they consent to have the treatment completed at the school?). This would be accomplished with an email written by the student and co-signed by the mentor.

Please note that all email communication must go through Patient Services-Jasmine, so that it can be sent securely using encrypted email. If the intended recipient has a fax number, this is also considered as a secure means of sending patient's personal health information.