Information for DS2's
Sophomore Clinic Information

Sophomore clinic is designed to be a transition between the freshman Adult Prevent Clinic and the more independent clinic care that upperclassmen provide. The objective of the Monday Fall semester clinic is to provide the student with a clinical experience in oral diagnosis and comprehensive treatment planning and to accomplish the initial periodontal goals of a healthy, well-maintained oral cavity.

This clinic course is the collaborative effort of Oral Diagnosis, Periodontology, Occlusion and Operative Dentistry departments. As such you will receive separate grades from each department for your work. In general ALL patients will be treatment planned through these departments.

Students will be working in pairs at all times, unless the Course Director gives special permission. Clinic attendance is taken at every session to determine the level of clinic utilization by the students. Working as partners can facilitate the work-up process and provide a learning experience for the student assistant.

Fees will be charged according to the fee schedule. Patients recalled from Post Session Adult Prevent Clinic will not be charged for a comprehensive oral evaluation; they will be charged however for perio procedures such as an initial prophylaxis or scaling and root planing as deemed necessary by the Perio department. Some Adult Prevent patients will be charged for additional radiographic procedures including a full mouth series.

New patients will be charged a Comprehensive Oral Evaluation fee (00150) which is $35.00, a Full Mouth Radiograph fee (0210) $31.00 (appropriate for most cases) and either an Initial Prophylaxis with oral hygiene instruction (01110) which is $34.00 or Scale and Root Plane (4341) which is $55.00 for each quadrant where teeth are present. Another procedure that may be treatment planned in Periodontics could be Scale & Root Plane (4342) pertaining to 1-3 teeth treated/per quad, $29.00.

Some patients may also require emergency treatment that you will be unable to provide as a DSII. These patients can be assigned through the Office of Patient Management for Limited Treatment to an upperclassman (or graduate resident). Please see Dr. Panza on how to accomplish this.
Sophomore Clinic Information (continued)

On rare occasions you may need to consult with the Department of Implantology if your patient is interested in this type of treatment. You should take your patient chart with radiographs to the department without the patient. If the patient is a candidate then a screening appointment will be made and if selected for treatment, a treatment plan letter will be drafted by the Department of Implantology outlining all procedures and fees related to treatment. This should not be listed as part of your Master Treatment Plan for these patients.

If your patient requires antibiotic pre-medication for Oral Diagnosis appointments, you will need to prepare an Rx script (that will be given to the patient for future visits) for the appropriate antibiotic and take it to an OD faculty member. They will arrange for an antibiotic to be dispensed for that visit only from the OD Clinic dispensary. Your patient will need to have a prescription filled for any subsequent visits. You must also present proper documentation in your progress notes regarding any dispensing instructions and prescription information to an OD Faculty member for approval.

Oral Pathology Consultations - If you need an oral path consult for one of your patients, that patient must first be evaluated by Oral Diagnosis faculty. Following evaluation, the patient may be referred by the attending dentist to the oral pathologist. If so, appointments with the oral pathologist on call may be made through Karen at extension 1-4333. The consultation appointments will then be completed in the Oral Diagnosis Clinic on the 2nd floor.

Implantology Procedures – Implantology procedures are added to the Master Treatment Plan when the implantology letter is sent. The procedures are added as IMP (your student number) if Graduate Periodontics is performing the procedures. If Graduate Oral Surgery is doing the procedure, they are not added to the Master Treatment Plan.

For most patient visits involved in the work-up process you will need to enter 2 progress notes. The first of which will consist of an update on the patient’s medical history including vitals and current medications, followed by the statement “PTP to begin work-up” or “PTP to continue work-up” or “PTP to begin routing” etc. The second progress note will be at the end of the appointment describing the procedures completed and those procedures to be completed the next visit. Both entries are to be signed and stamped by the student and an OD faculty member (see example on following page).

When completing items in the chart, do not leave any blanks, all questions should have responses with the exception of those questions that offer a choice of answers. If conditions appear normal and you are asked to describe them (such as tissue appearance, on your intraoral exam) then you should describe normal.
SOPHOMORE REQUIREMENTS
FALL SEMESTER

QUALITY OF WORK-UPS: 75% (This is an average of grades from your OD grade slip submitted for each work-up)

90-100% = A
80 - 89% = B
70 - 79% = C
<70% = F

QUANTITY OF WORK-UPS: 25% (Includes work-up from Adult Prevent)*

100% = 4 work-ups
85% = 3 work-ups
75% = 2 work-ups
65% = 1 work-up (Adult Prevent patient) chart review with Dr. Panza

* Your Adult Prevent patient is already credited as one completed Oral Diagnosis work-up. These patients do not have completed Master Treatment Plans. To accomplish this, you will need to reappoint the patient in the Fall Semester (2nd year) to evaluate their present needs and treatment plan accordingly.

You should set a goal in the fall semester of the course to have at least two new patients worked up and ready for treatment by the end of the semester. If you retain your Adult Prevent patient, you will have three patients completely worked up. At least one of these patients should be a Type II periodontal patient. The deadline for submitting Master Treatment Plans for grading will be Friday, December 10, 2010. There will be no exceptions.

MINIMUM REQUIREMENTS FOR OD 7615 FALL SEMESTER:

1. Minimum of 3 cumulative work-ups (minimum of 70% with quality and quantity grade) by Friday, December 10, 2010.

2. Three successfully completed (or remediated) formal full mouth radiographic interpretations by Friday, December 10, 2010, and any additional interpretations required by the department.

FAILURE TO COMPLETE ONE OR BOTH OF THE ABOVE REQUIREMENTS WILL RESULT IN A FAILING GRADE FOR ORAL DIAGNOSIS 7615. A REMEDIATED FAILURE WILL RESULT IN A GRADE NO HIGHER THAN A (C).
SOPHOMORE REQUIREMENTS
SPRING SEMESTER

QUALITY OF WORK-UPS:  65% (/This is an average of grades from your OD grade slips)

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<thead>
<tr>
<th>Grade Range</th>
<th>Grade</th>
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<tbody>
<tr>
<td>90-100%</td>
<td>A</td>
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<tr>
<td>80 - 89%</td>
<td>B</td>
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<tr>
<td>70 - 79%</td>
<td>C</td>
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<tr>
<td>&lt;70%</td>
<td>F</td>
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QUANTITY OF WORK-UPS:  35% (Includes work-ups from Fall)

<table>
<thead>
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<th>Percentage</th>
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<tbody>
<tr>
<td>100%</td>
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<tr>
<td>85%</td>
<td>5</td>
</tr>
<tr>
<td>75%</td>
<td>4</td>
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<td>65%</td>
<td>3</td>
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<tr>
<td>60%</td>
<td>2 or less requires chart review with Dr. Panza</td>
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MINIMUM REQUIREMENTS FOR OD 7792, SPRING SEMESTER:

1. Successful completion of 2 formal full mouth radiographic interpretations by Friday, May 6, 2011 and any additional interpretations required by the department.

2. A minimum grade of 70% on work-ups. All work-ups must be turned in by Friday, May 6, 2011. There will be no exceptions.

ANY WORKUPS COMPLETED AFTER FRIDAY MAY 6, 2011 WILL COUNT TOWARDS THE FALL, 2011 CLINIC EXPERIENCES (THIS INCLUDES ALL POSTSESSION WORK).

FAILURE TO COMPLETE ONE OR BOTH OF THE ABOVE REQUIREMENTS WILL RESULT IN A FAILING GRADE FOR ORAL DIAGNOSIS 7792. A REMEDIATED FAILURE WILL RESULT IN A GRADE NO HIGHER THAN A (C).
MASTER TREATMENT PLAN APPROVAL PROCESS

New Master Treatment Plans: When you are ready to submit your Master Treatment Plan Worksheet for entry in Quick Recovery, take the chart with your OD grade slip and worksheet along with a completed Chart Task form to Linda Hale’s office, Room 239. Place the chart in the slot outside the door. The information will be entered in Quick Recovery and the chart forwarded to Oral Diagnosis once it is complete.

Oral Diagnosis will print a copy of the Master Treatment Plan once the department has received the chart and forward it to the appropriate instructor for review and approval.

MTP’s totaling less than $1200 will be printed, signed by approving OD faculty, placed in the patient’s chart and returned to the records room. It is your responsibility to sign and have the patient sign the MTP at the next appointment.

MTP’s totaling more than $1200 will be printed, signed by approving OD faculty, placed in the patient’s chart and given to Tracy King in the Central Business Office. You are responsible for scheduling a time for the patient with Tracy King for a financial meeting. At this meeting, the patient will be asked to sign the MTP. It is recommended that you be present for the financial meeting to have a clear understanding of the financial expectations associated with your patient’s MTP.

Please e-mail Tracy King and Tammy Vogt to notify them of the date and time of your patient’s next appointment so the staff will be prepared for your patient’s arrival.

Before your patient’s next appointment, direct your patient to please see one of the financial representatives before clinic to have him/her sign the revised MTP. Instruct your patient to arrive 15-30 minutes earlier than clinic time for the financial meeting and to sign the MTP revision.

Revisions to Existing Master Treatment Plans: If additions or changes to an existing treatment plan are needed, fill out a MTP Revision Form with the needed changes, have it signed by appropriate department faculty and submit it with a Chart Task Form to Linda Hale’s office. Once the changes have been made, your MTP revision form will be forwarded to the Central Business Office for financial review.