PRACTICAL CLINICAL COURSES

A Service of the Gordon J. Christensen Career Development Program

V1136 Efficient Diagnostic Data Collection by Auxiliaries

Gordon J. Christensen, DDS, MSD, PhD

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Gordon J. Christensen PRACTICAL CLINICAL COURSES

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Practical Clinical Courses 3707 N Canyon Road Suite 3D Provo, UT 84604 Fax: (801) 226-8637 info@pccdental.com

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PRACTICAL CLINICAL COURSES

Sources of Products Discussed in

V1136 Efficient Diagnostic Data Collection by Auxiliaries

Presented by: Gordon J. Christensen, DDS, MSD, PhD

Advantage[™] 6014 Advanced Blood Pressure Monitor & 6014P Digital Thermal Printer

American Diagnostic Corp. 55 Commerce Drive Hauppauge, NY 11788 (800)232-2670 (631)273-9600 www.adctoday.com

2. CAESY Education Systems

Patterson Dental Supply Inc. 1031 Mendota Heights Rd St Paul, MN 55120 (800)328-5536 (615)686-1600 www.pattersondental.com

3. Cavitron JET Plus

Dentsply Professional 1301 Smile Way P.O. Box 7807 York, PA 17404-1785 (800)989-8826 (717)767-8500 www.dentsply.com

4. Cavitron PROPHY-JET

Dentsply Professional 1301 Smile Way P.O. Box 7807 York, PA 17404-1785 (800)989-8826 (717)767-8500 www.dentsply.com

5. Consumer's Guide to Dentistry

Practical Clinical Courses 3707 North Canyon Road Suite 3D Provo, UT 84604 (800)223-6569 (801)226-6569 www.pccdental.com

6. **DIAGNOdent**

KaVo Dental Corporation 340 East Route 22 Lake Zurich, IL 60047 (800)323-8029 (847)550-6800 www.kavousa.com

7. Digitest Pulp Vitality Tester

Parkell, Inc. 300 Executive Drive Edgewood, NY 11717 (800)243-7446 (631)249-1134 www.parkell.com

8. Dine Digital SLR

Lester A. Dine, Inc.
PGA Commerce Park
351 Hiatt Drive
Palm Bch Gardens, FL 33418
(800)624-9103
(561)624-9100
www.dinecorp.com

9. **Dine Digital Solution**

Lester A. Dine, Inc.
PGA Commerce Park
351 Hiatt Drive
Palm Bch Gardens, FL 33418
(800)624-9103
(561)624-9100
www.dinecorp.com

10. Disposable Impression Travs

Available from Various Companies

11. Galileos System

Sirona Dental Systems LLC 4835 Sirona Drive Charlotte, NC 28273 (800)659-5977 (704)587-0453 www.cereconline.com

12. Guru

Henry Schein, Inc. Corporate Headquarters 135 Duryea Road Melville, NY 11747 (800)582-2702 (631)843-5500 www.henryschein.com

13. Impression Trays

GC America, Inc. 3737 West 127th Street Alsip, IL 60803 (800)323-3386 (708)597-0900 www.gcamerica.com

14. IntelliSense® Professional Digital Blood Pressure Monitor (HEM 907XL)

Omron Healthcare, Inc. 1200 Lakeside Drive Bannockburn, IL 60015 (800)634-4350 (847)680-6200

www.omronhealthcare.com

15. Kerr Vitality Scanner

SybronEndo Corporation 1717 West Collins Orange, CA 92867 (800)346-3636 (714)516-7979

www.sybronendo.com

16. Mirahold Cheek Retractors

Hager Worldwide, Inc. 13322 Byrd Drive Oddessa, FL 33556 (800)328-2335 (813)926-7474

www.hagerworldwide.com

17. Plaque Sweep Cleaning Powder

Dentsply Professional 1301 Smile Way P.O. Box 7807 York, PA 17404-1785 (800)989-8826 (717)767-8500 www.dentsply.com 18. ProMax 3D

PLANMECA USA 100 North Gary Avenue Suite A Roselle, IL 60172

19. Seemore Lip and Cheek Retractors

(630)529-2300

Discus Dental, Inc. 8550 Higuera Street Culver City, CA 90232 (800)422-9448 (310)845-8200

www.discusdental.com

20. Simple Patient Education for Every Practice DVD by Gordon

Christensen

Practical Clinical Courses 3707 North Canyon Road Suite 3D Provo, UT 84604

(800)223-6569 (801)226-6569

www.pccdental.com

21. Snap-Stone

Whip Mix Corporation 361 Farmington Avenue P.O. Box 17183 Louisville, KY 40217 (800)626-5651 (502)637-1451 www.whipmix.com

22. VELscope System

LED Dental Inc. 201-15047 Marine Drive White Rock, BC V4B 1C5 CANADA (888)541-4614 (604)541-4614 www.velscope.com

Product names, the products themselves, and company names change rapidly. Please contact the companies shown to confirm current information.

Gordon J. Christensen Practical Clinical Courses, 3707 North Canyon Road, Suite 3D, Provo, UT 84604 Toll Free (800) 223-6569 or Utah Residents (801) 226-6569

The techniques and procedures on this videotape are intended to be suggestions only. Any licensed practitioner viewing this presentation must make his or her own professional decisions about specific treatment for patients. PCC is not responsible for any damages or other liabilities (including attorney's fees) resulting, or claimed to result in whole or in part, from actual or alleged problems arising out of the use of this presentation.

Confidential Patient Information – I

(Please Print Legibly)						
Date:						
Personal Information						
Name:			SS	S #:		
Address:						
City:						
Telephone: (Home)			(Work) _			
(CeII)			e-mail: _			
Birth date:	_ Sex:	Marital Status: ₋		_ Spouse Name:	·	
Occupation:		Referred by:				
Person Responsible for	Account					
Name:		Rela	ationship:		SS #:	
Address:						
City:						
Telephone: (Home)						
Dental Insurance Inform	action					
Primary Insurance Co:						
Insurance Co. Address:						
Employee:						
Employer:						
Secondary Insurance Co: _						
Insurance Co. Address:						
Employee:						
Employer:						

Confidential Patient Information – II

(Please Print Legibly) Patient Name: Initial Date: Updated: Updated: _____ Updated: **Health Information** Personal Physician Name: Personal Physician Address: YES 1. Have you been hospitalized within the past 2 years? For what? _____ 2. Are you currently being treated by a physician? For what? 3. Are you currently taking any medicines or drugs? What? 4. Have you ever received counseling for excessive use of alcohol and/or prescription drugs? 5. Are you allergic to any drugs? What? 6. Have you ever had a skin rash or other reaction to metal jewelry? To What? 7. Are you allergic to any metals? What? 8. Do you bleed excessively upon injury? 9. Are you pregnant? 10. Have you ever been involved with dental/medical legal activity? Circle Any of the Following Conditions That You Have Had or Now Have A. AIDS M. Kidney Problems R. Sexually Transmitted G. Glaucoma B. Arthritis H. Heart Murmur N. Low Blood Pressure Diseases C. Asthma I. Heart Problem* O. Nervous Breakdown S. Stroke D. Cancer J. Hepatitis or Psychiatric Therapy T. Tuberculosis E. Diabetes K. High Blood Pressure P. Osteoporosis U. Other Diseases* Q. Rheumatic Fever F. Epilepsy L. Jaundice Person to Be Contacted in Case of Emergency (Other Than Relative) Name: _____ Telephone: (Home) _____ (Work) ____

Patient Information (Elective)

We would like to know more about you. Please fill in the following information to help us get to know you better.

Name:		Date:	
Birthplace:			
Where have you lived as an adu	t?		
What is your marital status?			
Do you have children?	What are their ages?		
What is your educational backgr	ound?		
What is your vocation?			
What are your hobbies?			
What special interests or activit	ies do you enjoy?		
Is there anything special you wo	uld like us to know about you?		

PROGRAM

V1136 Efficient Diagnostic Data Collection by Auxiliaries

CLINICIAN RESPONSIBLE

Gordon J. Christensen, DDS, MSD, PhD

Founder and CEO, Practical Clinical Courses Senior Consultant & Previous CEO, CR Foundation Practicing Prosthodontist, Provo, Utah

GOALS & OBJECTIVES

At the completion of this video presentation, participants should be able to accomplish the following:

- 1. Discuss the difference between diagnostic data collection and diagnosis and treatment planning.
- 2. List the diagnostic tasks included in the auxiliary-oriented data collection appointment.
- 3. List and discuss several diagnostic data collection tasks that may not be legal in some geographic locations.
- 4. Describe how to educate staff members to accomplish the tasks included in the diagnostic data collection appointment.
- 5. Discuss which categories of staff persons are most appropriate to participate in the auxiliary-oriented diagnostic appointment.
- 6. Discuss the most commonly used radiographs for a complete diagnosis and treatment planning session.
- 7. Compare the educational value for patients of a conventional full-mouth radiographic series and a panoramic radiograph.
- Compare the educational value for patients of an extraoral bite-wing radiograph and conventional intraoral bite-wing radiographs.
- 9. Discuss the logic of showing patients diagnostic casts during the initial diagnostic appointment.
- 10. Discuss the several ways that digital photographs may be used.
- 11. Discuss the number and types of views that are desirable for a digital photographic series.
- 12. Discuss the necessity for periodontal pocket probing and recording on the initial diagnostic appointment.
- 13. Describe the methods for measuring and recording blood pressure and the desirability of each type for the oral diagnostic appointment.
- 14. Discuss vitalometer testing, including why and for which teeth during the diagnostic appointment.
- 15. Discuss pertinent points relative to recording missing teeth, previous restorations, previous endodontic therapy, and obvious carious lesions.
- 16. Discuss the desirability of having staff persons knowledgeable about occlusal classifications and pathologic occlusal conditions.
- 17. Describe use of intraoral video cameras during the staff-oriented diagnostic appointment.
- 18. Discuss the importance of patient education during the staff-oriented diagnostic appointment.
- 19. Describe and discuss the importance of "informed consent".
- 20. Describe when the dentist does the diagnosis and treatment plan.

OVERVIEW

V1136 Efficient Diagnostic Data Collection by Auxiliaries

Typically, diagnosis and treatment planning are accomplished on two appointments, one to collect the diagnostic data, and the second one to present the information to the patient for potential acceptance. Although this two-appointment sequence is certainly appropriate for very complex treatment plans, the predominance of many elective procedures now present in dentistry have made immediate dissemination of information to patients highly desirable. Patients are now using discretionary funds for a significant portion of their oral treatment. When they come to a practitioner, they want to have an efficient complete work-up and hear what can be done in a concise understandable manner on the first appointment. This is a departure from the typical treatment planning concept. However, it is a highly successful method for almost all simple to moderate treatment plans. Occasionally, a complex plan needs a secondary appointment after consultation with specialists.

The sequence of activities in the staff-oriented diagnostic data collection appointment is as follows:

- The patient calls your office, speaks with the scheduler, and sets up a one-hour appointment for a diagnostic appointment.
- The scheduler must decide if the patient on the telephone has a slight, moderate, or complex oral care need. If the patient has only a small amount of treatment to be done when he or she arrives, the diagnostic appointment becomes a standard radiograph and prophy appointment, not a diagnostic data collection appointment. If the scheduler determines that the patient has only minimal needs, the staff member doing the diagnostic appointment should be with a dental hygienist instead of a dental assistant, so the dental hygienist can do a standard radiograph and prophy appointment.
- The following tasks should be considered on the staff-oriented diagnostic appointment. Not all of them are needed for every patient, especially the numerous radiographs. Only number 24 is accomplished by the dentist. The dentist is legally responsible for the diagnosis and treatment plan. The staff person is responsible for "diagnostic data collection".
 - 1. Informational forms
 - 2. Radiographs, panoramic
 - 3. Radiographs, bitewings
 - 4. Radiographs, periapical
 - 5. Radiographs, tomographic
 - 6. Radiographs, cephalometric
 - 7. Radiographs, cone beam
 - 8. Diagnostic impressions and casts
 - 9. Digital photographs
 - 10. Periodontal pocket charting
 - 11. Blood pressure recording
 - 12. Charting missing teeth
 - 13. Vitalometer testing of suspect teeth
 - 14. Charting previous restorations
 - 15. Charting previous endodontic therapy
 - 16. Charting carious lesions
 - 17. Recording soft-tissue lesions
 - 18. Recording occlusion classification
 - 19. Recording occlusal pathology

OVERVIEW (CONT'D)

V1136 Efficient Diagnostic Data Collection by Auxiliaries

- 20. Recording any other pathology
- 21. Intraoral TV observation by office staff and patient
- 22. Patient education
- 23. Determination of patient desire for treatment
- 24. Dentist diagnosis and treatment plan

The diagnostic appointment usually requires about one hour for the clinical portion and a few minutes to fill out paperwork at the beginning and at the end of the appointment.

SUPPLEMENTAL MATERIALS

V1136 Efficient Diagnostic Data Collection by Auxiliaries

- 1. Furstman EF. What is an operating auxiliary? Legal status, training and utilization. Int Dent J. 1981 Sep; 31(3):226-31.
- 2. Gilmore ND, Stevens C, Pierce V, Giddon DB. Consumer and provider attitudes toward dentist and expanded auxiliary functions. J Am Dent Assoc. 1976 Sep; 93(3):614-21.
- 3. Overstreet GA, Dilworth JB, Legler DW. Productivity and economic implication of a simulated practice using expanded duty dental assistants. Community Dent Oral Epidemiol. 1978 Sep; 6(5):233-9.
- 4. Tan HH, van Gemert HG. Time utilization, productivity and costs of solo and extended duty auxiliary dental practice. Community Dent Oral Epidemiol. 1977 Jul; 5(4):151-5.
- 5. Christensen GJ. Educating dental staff members for optimum patient service. JADA 1999; 130(12):1783-85.
- 6. Christensen GJ. Increasing patient service by effective use of dental hygienists. JADA 1995; 126(9):1291-94.
- 7. Christensen GJ. Improving treatment plan acceptance using staff-driven diagnostic data collection. JADA 1999; 130 (11):1629-31.
- 8. Christensen GJ. Why switch to digital radiographs? JADA 2004; 135(10):1437-39.
- 9. Christensen GJ. Is occlusion becoming more confusing? A plea for simplicity. JADA 2004; 135(6):767-70.
- 10. Christensen GJ. The major part of dentistry you may be neglecting. JADA 2005; 136(4):497-99.
- 11. Christensen GJ. Why expand the role of dental staff members? JADA 2001; 132(4):529-31.

POST-TEST

V1136 Efficient Diagnostic Data Collection by Auxiliaries

- 1. Collection of diagnostic data for diagnostic appointments should be accomplished by:
 - a. the dentist.
 - b. a dental hygienist.
 - c. a dental assistant.
 - d. any of the above.
- 2. Dental assistants and dental hygienists:
 - a. can legally do diagnosis.
 - b. can legally do treatment planning.
 - c. can legally do diagnosis and treatment planning.
 - d. cannot legally do diagnosis and treatment planning.
- 3. Diagnostic casts should be shown to the patient:
 - a. usually on the first appointment.
 - b. usually on a second appointment when you have had a chance to consider all of the treatment options.
 - c. never. They are for the dentist's consideration only.
 - d. so that they can be taken home to show to the patient's spouse.
- 4. Digital photographs made on a diagnostic appointment:
 - a. should adapt to the needs of each specific practice.
 - b. may be used for shade selection.
 - c. may be used for patient education.
 - d. are useful for historical and legal records.
 - e. all of the above.
- 5. Periodontal pocket charting should be recorded for pockets:
 - a. 2mm or more in depth.
 - b. 3mm or more in depth.
 - c. 4mm or more in depth.
 - d. 5mm or more in depth.
- 6. Blood pressure measurement should be made on a diagnostic appointment for:
 - a. all patients over 65 years of age.
 - b. all patients who have circulatory problems.
 - c. all patients who have respiratory problems.
 - d. all patients.
- 7. Peculiar occlusal conditions:
 - a. are not important on the diagnostic appointment.
 - b. should be observed and recorded by the staff member doing the diagnostic data collection.
 - c. should be noted only by the dentist.
 - d. should be considered after the treatment plan has been delivered to the patient.

POST-TEST (CONT'D)

V1136 Efficient Diagnostic Data Collection by Auxiliaries

- 8. Intraoral television:
 - a. is an elective option for the more difficult treatment plans.
 - b. is never necessary on a diagnostic appointment.
 - c. should not be used on children.
 - d. should be used on all diagnostic appointments.
- 9. Informed consent requirements include information about:
 - a. every alternative for care.
 - b. advantages and disadvantages of each alternative.
 - c. risks and costs of each alternative.
 - d. the result of doing nothing.
 - e. all of the above.
- 10. Patient education:
 - a. requires sophisticated software and equipment.
 - b. is not a simple task.
 - c. is highly important on a diagnostic appointment.
 - d. should be done only by the dentist.

PLEASE PRINT

Name	
Name of video purchaser (if different from above)	
Address	
City/State/Zip	
Phone No	
Email	
Indicate which type of credit you wish to obtain: \Box AGD \Box State \Box Both	
State License No AGD No	
Payment information Visa American Express Mastercard Discover	
Card # Expires / CVV2-Code:	
The test is complimentary for the purchaser. If you require CE tests for staff members or an additional doctor to receive credit, the f	fees are:

Dentist (limit 1 additional dentist per video purchase): \$25 **Auxiliary** (no limit): \$10 for each auxiliary taking test