

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

Materials Included:

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PRACTICAL CLINICAL COURSES

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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

1. **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 Cloud**
Patterson Dental Supply, Inc.
1031 Mendota Heights Rd
St Paul, MN 55120
(800)328-5536
www.pattersondental.com
3. **Cavitron JET Plus**
Dentsply Sirona Inc.
13320-B Ballantyne Corporate
Charlotte, NC 28277
(800)877-0020
www.dentsplysirona.com
4. **Cavitron PROPHY-JET**
Dentsply Sirona Inc.
13320-B Ballantyne Corporate
Charlotte, NC 28277
(800)877-0020
www.dentsplysirona.com
5. **Consumer's Guide to Dentistry**
Elsevier Inc.
230 Park Avenue, 7th Floor
New York, NY 10169
(212)309-8100
www.elsevier.com
6. **DIAGNOdent**
KaVo Dental
11727 Fruehauf Drive
Charlotte, NC 28227
(888)528-6872
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 Trays**
Available from Various
Companies
11. **Galileos (Sirona)**
Global Imaging USA
308 E, FM-1830
Unit 11 A/B
Argyle, TX 76226
(469)564-1320
www.globalimagingusa.com
12. **Guru Patient Education**
Guru Dental
50 West Liberty Street
Suite 301
Reno, NV 89501-1969
(888)331-4878
www.gurudental.com
13. **Impression Trays**
GC America Inc.
3737 West 127th Street
Alsip, IL 60803
(800)323-7063
www.gcamerica.com
14. **IntelliSense® Professional Digital Blood Pressure Monitor (HEM 907XL) by OMRON Healthcare, Inc.**
Local Retailers and Pharmacies
15. **Mirahold Cheek Retractors**
Hager Worldwide
441 19th Street S.E.
Hickory, NC 28602
(800)328-2335
(828)624-3300
www.hagerworldwide.com

16. **ProMax 3D**
Patterson Dental Supply, Inc.
1031 Mendota Heights Rd
St Paul, MN 55120
(800)328-5536
www.pattersondental.com
17. **Seemore Lip, Cheek & Tongue Retractors**
GoldenDent Inc.
27251 Gratiot Avenue
Roseville, MI 48066
(877)987-2284
(586)585-1210
www.physicsforceps.com
18. **Snap-Stone**
Whip Mix Corporation
361 Farmington Avenue
P.O. Box 17183
Louisville, KY 40217
(800)626-5651
(502)637-1451
www.whipmix.com
19. **VELscope System**
LED Dental, Inc.
997 Seymour Street
Suite 250
Vancouver, BC V6B 3M1
CANADA
(888)541-4614
www.velscope.com
20. **Vitality Scanner**
Kerr Endodontics
200 S. Kraemer Blvd.
Building E2
Brea, CA 92821
(800)537-7123
www.kerrdental.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
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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.
8. 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

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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 prophylaxis 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 prophylaxis 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

OVERVIEW (CONT'D)

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19. Recording occlusal pathology
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

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)

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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.

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