

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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PROCEDURE FOR RECEIVING
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AND STATE CREDIT
FOR CE VIDEOS

1. Complete the enclosed Post-Test. For each **CE Video Purchased**, one test is included. If additional tests are needed, the following fees will apply: \$25 per test per dentist (limit 1 additional dentist per video purchased); \$10 per test per auxiliary (dental assistants, hygienists, lab technicians - no limit on auxiliary tests). Fees can be paid either by check or credit card when tests are submitted to Practical Clinical Courses.
2. Complete the demographic information located at the end of the test.
Type of Credit:
 - a. If the applicant selects "AGD," PCC will send notification to both the applicant and the Academy of General Dentistry. (The AGD will also notify applicant of credits earned by printout information.)
 - b. If the applicant selects "State," PCC will send a certificate of verification to the applicant. The applicant must then submit this certificate to his/her state board to obtain credit.
 - c. If the applicant selects "Both," PCC will complete a. & b. above.
3. Return the **Post-Test portion** via mail, fax, or email. Our contact information is as follows:

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

4. Practical Clinical Courses will correct the Post-Test. **Passing scores are 70% or higher.**

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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 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 Trays**
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
Odessa, 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
(630)529-2300
19. **Seemore Lip and Cheek Retractors**
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
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Confidential Patient Information – I

(Please Print Legibly)

Date: _____

PERSONAL INFORMATION

Name: _____ SS #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____

(Cell) _____ e-mail: _____

Birth date: _____ Sex: _____ Marital Status: _____ Spouse Name: _____

Occupation: _____ Referred by: _____

PERSON RESPONSIBLE FOR ACCOUNT

Name: _____ Relationship: _____ SS #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____

DENTAL INSURANCE INFORMATION

Primary Insurance Co: _____

Insurance Co. Address: _____

Employee: _____ Relationship: _____ S.S. #: _____

Employer: _____ Policy #: _____

Secondary Insurance Co: _____

Insurance Co. Address: _____

Employee: _____ Relationship: _____ S.S. #: _____

Employer: _____ Policy #: _____

I understand that payment is my obligation regardless of insurance or any other third-party involvement.

SIGNATURE:

DATE:

Confidential Patient Information – II

(Please Print Legibly)

Patient Name: _____ Initial Date: _____
Updated: _____
Updated: _____
Updated: _____
Updated: _____

HEALTH INFORMATION

Personal Physician Name: _____

Personal Physician Address: _____

YES NO

- ___ ___ 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 | I. Heart Problem* | P. Rheumatic Fever |
| B. Arthritis | J. Hepatitis | Q. Sexually |
| C. Asthma | K. High Blood Pressure | Transmitted Diseases |
| D. Cancer | L. Jaundice | R. Stroke |
| E. Diabetes | M. Kidney Problems | S. Tuberculosis |
| F. Epilepsy | N. Low Blood Pressure | T. Other Diseases* |
| G. Glaucoma | O. Nervous Breakdown | |
| H. Heart Murmur | or Psychiatric Therapy | |

*If you circled either I or T describe condition: _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY (OTHER THAN RELATIVE)

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____

SIGNATURE:	REVIEW BY:	DATE:
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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 did you grow up? _____

Where have you lived as an adult? _____

What is your marital status? _____

Do you have children? _____ What are their ages? _____

What is your educational background? _____

What is your vocation? _____

What are your hobbies? _____

What special interests or activities do you enjoy? _____

Is there anything special you would like us to know about you? _____

PROGRAM

V1136 Efficient Diagnostic Data Collection by Auxiliaries

CLINICIAN RESPONSIBLE

Gordon J. Christensen, DDS, MSD, PhD

CEO, Practical Clinical Courses

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

OVERVIEW (CONT'D)

V1136 Efficient Diagnostic Data Collection by Auxiliaries

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
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.

REFERENCES

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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.

POST TEST (CONT'D)

V1136 Efficient Diagnostic Data Collection by Auxiliaries

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.

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

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