

491 DEN

CLINICAL MANUAL

By: Dr.Samar Al Saleh

This manual describes a comprehensive schedule of oral health services provided in the dental clinics under the comprehensive clinical dentistry course.

1. **PATIENT SELECTION AND ACCEPTANCE**

Patients are evaluated for acceptance into 491 DEN at an initial *screening* appointment. All patients **MUST BE** screened and classified by the course coordinator (or a faculty member assigned by the coordinator) prior to assignment for comprehensive care within the course.

2. **PATIENT REGISTRATION AND SCHEDULING**

No patients are allowed to be seen in the 491 DEN clinics without a patient file. For new patients that have no files; an emergency file should be issued for the screening appointment. Once the patient has been accepted to be treated in 491 DEN; a permanent file should be requested. **No definitive treatment plan will be signed on emergency records.** Failure to comply (issuance of permanent file), will lead to cancelation of the achieved points and zero evaluation.

All patients **MUST** be scheduled in advance. Students are required to schedule appointments for their patients using the appointment book . **Please avoid entry into the appointment office area unless you asked to do so.**

If a patient fails to keep two consecutive appointments or three non-consecutive appointments without due notice to the student, further treatment in the clinics may be denied. All missed or broken appointments **MUST BE** appropriately documented in the patient record. Patients should receive information about this rule at the start of treatment and warning reminding them of the missed appointment policy, if such occurs. Patients shall be given final opportunities to continue their treatment or be removed as an active patient in the course.

3. **The following procedures must be considered routine for all patient care activities:**

- a. **Time management:** all clinical procedures should be planned to permit adequate time at the conclusion of the clinic session to complete all necessary documentation and data entry. In general, treatment **MUST** be completed thirty minutes prior to the end of the clinic session. No patient treatment is permitted outside of a regularly scheduled clinic session.
Being **15 minutes late to the clinical session** or leaving early will be considered as absence
- b. **Medical history:** a complete medical history must be obtained initially and updated for all patients at each subsequent visit. Specific questions concerning infections and current illness must be included.
- c. **Minimize hazards of infection:** all procedures of infection control should be followed strictly in the clinics.
 - i. **Gloves:** disposable gloves must be worn when contact with blood, saliva, mucous membranes, non intact skin. Gloves must be changed between each patient. Gloves shall not be used if they are peeling,

cracked, discolored, punctured, torn, or when their ability to function as a barrier is compromised.

- ii. **Masks and face/eye protection:** masks in combination with eye protection devices, **MUST** be worn whenever splashes, spray, splatter, or droplets of blood, saliva or potentially infectious materials may be generated.
- iii. **Personal protective clothing (protective body clothing):** college dress code for the clinic should be followed strictly.

4. Screening protocol

- a. Check patient medical history and chief complaint
- b. Perform a quick clinical examination for the existing restorations, badly broken teeth, adequacy of inter arch space and type of occlusion.
- c. Take an OPG whenever you have time to do so
Following screening;
 - If the case is not suitable to be treated in the DEN course, **indicate this clearly** in the patient record and refer the case (requires course coordinator permission) to an appropriate course or to interns to attend their immediate needs according to the rules of the clinic.
 - Suitable cases should be booked and treated according to 491 DEN protocol.

5. Comprehensive treatment protocol

After patient acceptance the following steps (a-g) should be done before consulting with any faculty member:

- a. Thorough patient examination should be performed which include; detailed medical and dental history, chief complaint, intra and extra oral clinical examination.
- b. Clinical examination must include: soft tissue, periodontium, dentition and occlusion
- c. Radio graphical examination must include: OPG, right and left bite wings.
Perapicals should be made for: potential abutments, teeth with large restorations (including crowns) or with large carious lesion, teeth with previous endo treatment and teeth with signs or symptoms.
- d. Other supplementary examination such like vitality test, percussion and palpation should be done when needed and recorded appropriately (according to spatiality). Endodontic examination should be performed with all teeth with: Large restorations, previous endo treatment, large caries lesions
- e. Pre treatment records must include primary impressions for upper and lower arches (2 sets of diagnostic castes are needed) and pretreatment

- photos (occlusal photograph for upper and lower arches, frontal, right and left photographs for teeth in occlusion)
- f. Detailed tentative case diagnosis should be prepared
 - g. Tentative sequential treatment plan for each specialty should be preformed
 - h. In case of any difficulty in diagnosing the case, consultation could be done with a clinical instructor of the needed specialty after pursuit the above mentioned steps (a-d). Exceptions only for patients with urgent needs where examination can be limited to the patient urgent need.
 - i. Case discussion and treatment plan approval with the clinical instructors of different specialties.
 - j. The specialized definitive treatment plan **MUST be** approved and signed in the patient's file & logbook by the respective specialty clinical instructor supervising the student.
 - k. The overall comprehensive treatment plan must be approved and signed by the course coordinator.
 - l. The over-all treatment plan should be entered into the DEN 491 electronic data program.

6. Patient consent

All consents for care must be explained to the patient in a language they understand, and patient should be able to show their understanding. A written consent form should be signed and placed in the patient record prior to initiation of treatment. The patient must sign a detailed written consent for all the planned treatment. Written documentation of consent must be signed by all adult patients who possess the capability to participate in the informed consent process. For patients who require a legal guardian, consent for care must be documented and signed by the legal guardian. The consent should also include expected time, cost and risks of the proposed treatment. Cases with no consent **will not** be taken into account as DEN case.

7. Treatment supervision

- a. The student should book patient according to the availability of the specialty instructor at the clinical session. Names of clinical instructors at all clinical sessions are posted on the clinic's bulletin board.
- b. Each clinical procedure performed on a patient by a student **MUST** be supervised by a clinical instructor. Verbal instructor's permission is required to initiate a clinical procedure on a patient.
- c. Any endodontic or operative **clinical procedure** that is started under the supervision of a clinical instructor should be completed under **the supervision of the same clinical instructor**. Exceptional cases to this rule are to be arranged **only** by the course coordinator.

- d. Prosthodontic treatment for each case must be done under the supervision of the **same instructor** who signs the treatment plan of the case. Exceptional cases to this rule are to be arranged only by the course director. Student's name and his patient's file number should be **registered immediately** under the name of the clinical instructor who signed the treatment plan at the clinical supervisor desk. Failure to do so will cancel the case from the instructor list.
- e. For periodontal treatment procedures, the instructor who signed the treatment plan will be the one to evaluate the treatment at the re-evaluation appointment.
- f. For cases which need crown lengthening procedures, a referral of the needed surgery should be signed by prosthodontics or restorative instructor and incorporated into the file before consulting with the periodontist clinical instructor. The case **must** be booked for surgery with the periodontist who did the consultation.

8. **Patient record**

Patient file must include:

- a. Patient registration form, medical and dental history, examination charts, radiographs, signed treatment plan and signed consent.
- b. Any clinical procedure that is performed by the student **Must** be recorded in the patient's file. The student should write clearly his/her name, university number and signature. This should be followed by the signature of the clinical instructor supervising the student.

9. **Finished cases**

All finished cases must be signed by the student then revised and signed by the coordinator to be considered as finished DEN case.