



DENT4219:
Lecture 1
Introduction - What is treatment planning?

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Treatment planning

- Lectures and small group activities
- MCQs (and SAQs) in Module assessment – semester 2 exam period
- Ongoing Clinical assessment
- Professionalism (& Attendance)
- Formative group activities
 - Case planning simulation

What is treatment planning?



Analogy



Road map



Plans for building house/home



Construction



Flight plan



Care plan



Experiment protocol

Terminology

- Management
- Treatment
- Sequence
- Procedure
- Step

What is treatment planning?

- “...is a carefully sequenced series of services designed to eliminate or control aetiological factors, repair existing damage and create a functional maintainable environment.” Sturdevant 1995

Do we need a treatment plan?

- ⦿ Address patient's problem (s)
- ⦿ Sequence and prioritise
 - Step-wise model VS Reactive
- ⦿ Estimates \$
- ⦿ Patient Communication → Consent
- ⦿ Medico-Legal requirement
- ⦿ Communication with other clinicians

Clear treatment plans and fees

Simon Gomersall , solicitor

(previously published on:

<http://www.theyoungdentist.com/au/features/working-life/10-complaints-and-how-to-avoid-them>) July 2023-Link no longer available from publisher

“Time and time again, dentists face criticism because they had not given the patient a **clear treatment plan** and **details of proposed fees.**”

“Ensure that you provide **written treatment plans setting out the cost of each part** of the proposed treatment as well as other **treatment options** and provide your treatment plans **in advance of the treatment itself.**”

Simon Gomersall , solicitor

“Allow your patients **time** to consider these and come back with any **questions.**”

Simon Gomersall , solicitor

“Make sure your patient knows
their payment status.”

“If you are seeing a patient on behalf of a colleague or are taking them over from a previous practitioner, **never assume their consent** to treatment on the basis of previous notes; always ask.”

Communication with others

- ⦿ Internal → within the practice
 - Institutions
 - OHCWA – critical, especially with multiple clinicians of varying skill levels.
- ⦿ External → specialists and other dentists interstate or overseas.
- ⦿ Health funds
- ⦿ Medico-legal → regulatory authorities (AHPRA), lawyers, etc

Treatment plan – Dental school

- ⦿ ATS – authority to start
- ⦿ No treatment or procedure proceeds without ATS and treatment plan
- ⦿ DMD 2 to 4
 - Authorised by clinical tutor
 - Complex procedures
 - Specialist

Simple vs complex

1. Perio IPT
2. OHI
3. GGD
4. Maintenance 6/12 review

Simple vs complex

1. Perio
2. 16-26 PFM
3. -IP
4. Review

A treatment plan is not...

- ⦿ Reactive.
- ⦿ Fixed.
- ⦿ (modified in response to new information)
- ⦿ Item numbers on a page.
 - Patient management software like TOHM fosters this.
- ⦿ All about money → treatment estimate.
 - This is what your patient worries about.
 - Do not let this dictate your treatment.*

Treatment plan depends on...

- History
- Thorough assessment/
evaluation/ clinical
findings
- Diagnosis
- Problem list
- Treatment options
- Indications and
contraindications
- Prognosis
 - Short, medium, long term



The clinician (that means you!)

- Competence
- Education/ Skills
- Experience
- Geography
- Facilities/ equipment
- Access to technical support.
- Specialist services.



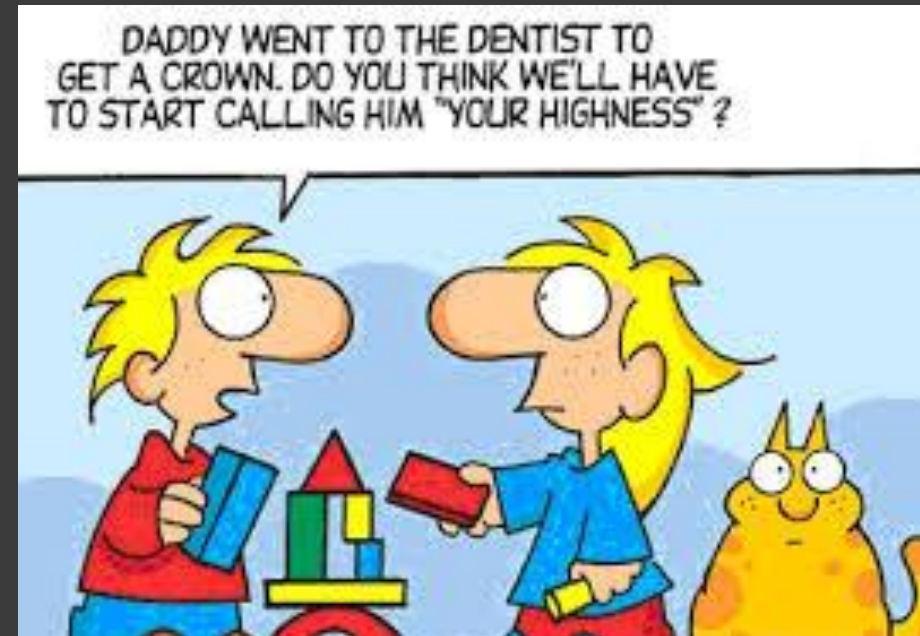
What about the patient???

- Relationship with clinician
- Expectation
- Attitudes/motivation
- Age
- Gender
- Cost/finances
- Attendance
- Maintenance



Treatment planning and patient education

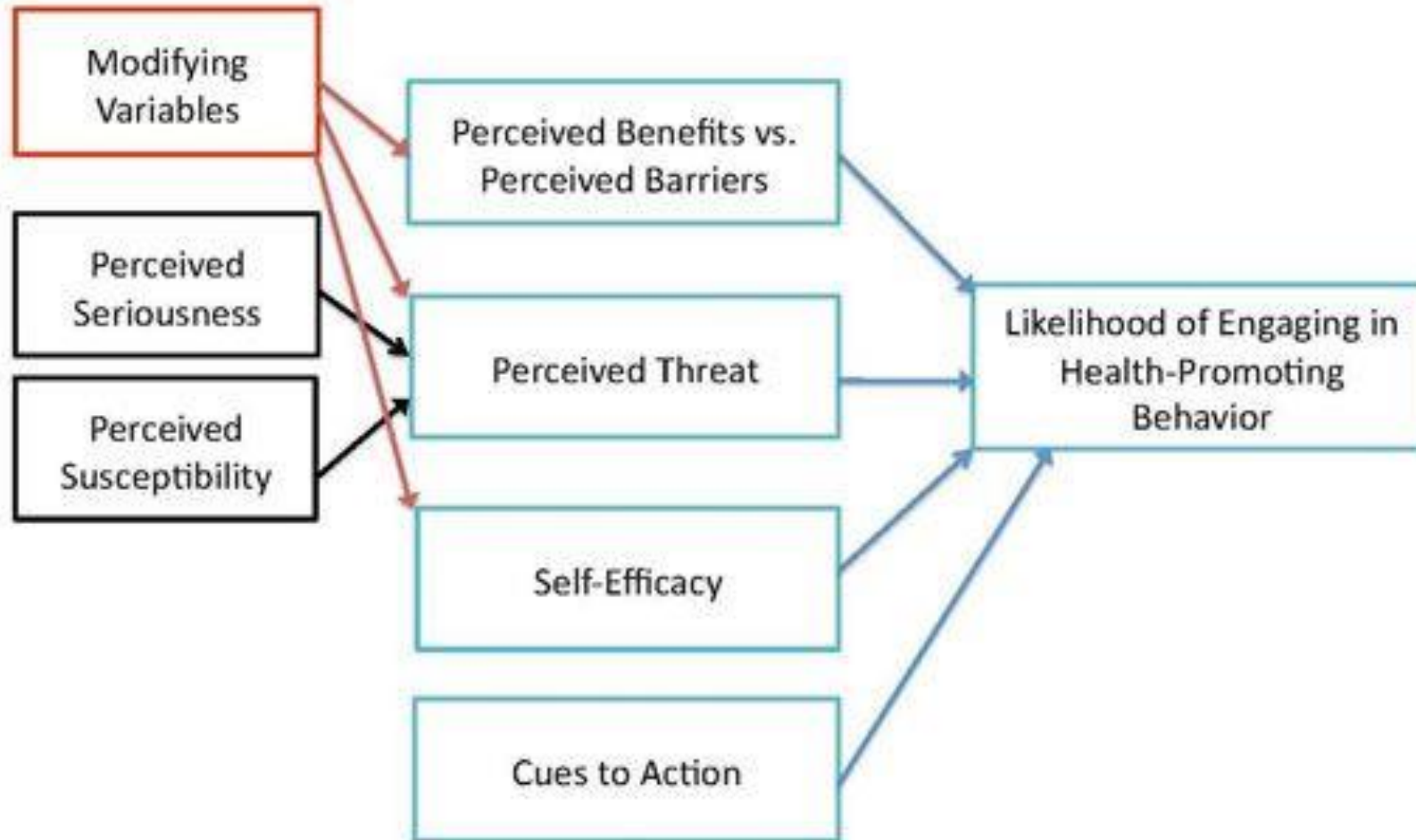
- ◎ The key thing to make a patient understand → They have a problem.
 - Educate them about it.
 - What happens if it is left untreated?
 - You are helping them with it.
 - Treatment plan is the 1st step.
 - Complications → prognosis
 - Risk management → Advanced warning
 - Disclosure



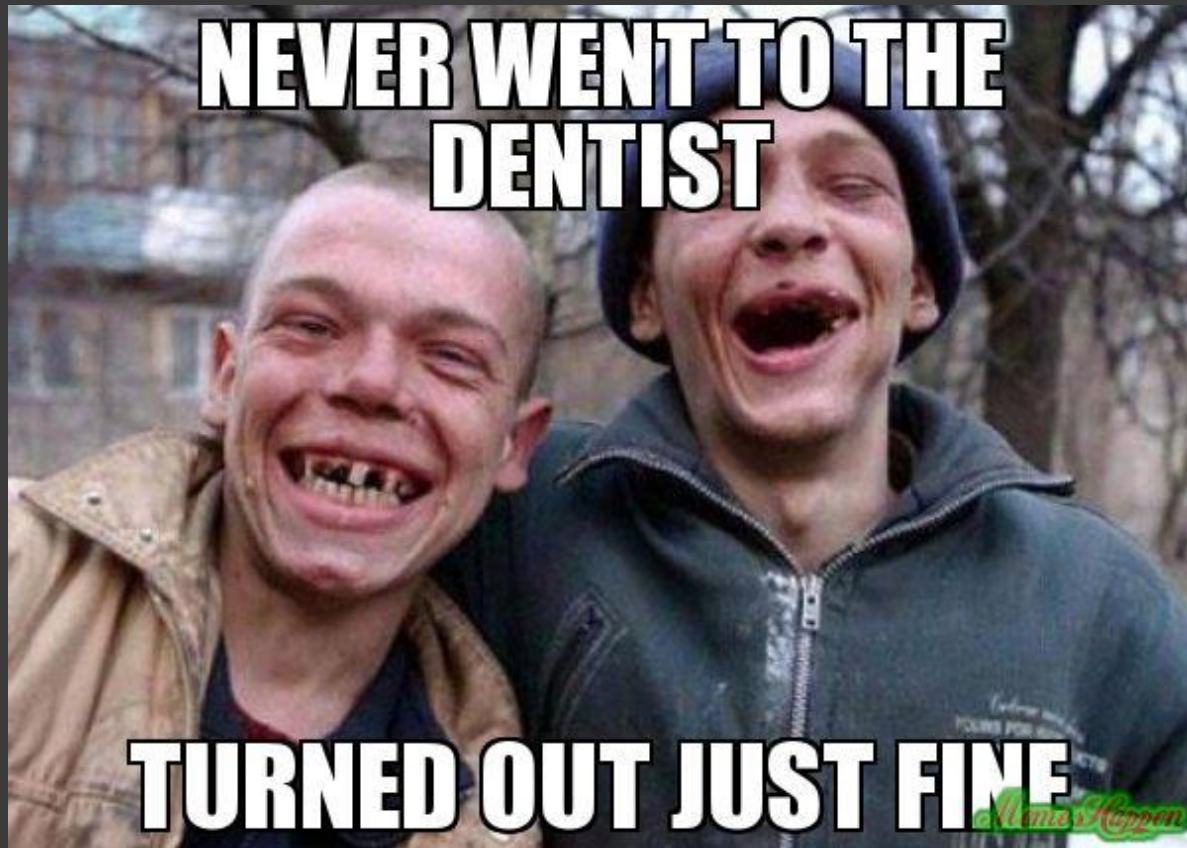
A word about the Health Belief Model...

- Patients must accept/believe/understand four concepts before accepting treatment
 1. They are susceptible to disease
 2. Having/contracting disease has serious consequences
 3. Disease can be prevented/limited if patient receives tx or alters behaviour/activities
 4. Preventive activities better than disease

The Health Belief Model



Treatment planning and patient education



- Majority of patients do not understand dentistry.
- They understand
 - Holes/decay
 - Disease
 - Redness/ bleeding
 - Pain
 - Black/discoloured
 - Gaps
 - Ugly/Crooked
- Most patients consent if you are addressing these things.
 - Informed consent

Treatment planning and patient education

- ◎ Most patients → reasonable & want value & high quality Tx for their \$.
 - Changing trend.
 - Patient management/people skill → you will learn this later.
- ◎ Avoid the “sales pitch”
- ◎ You are a health professional so act like one.
 - Ignore the competition.
 - Always present ideal treatment.

Medico-legal

- ⦿ Patient consent.
- ⦿ Documentation.
- ⦿ Record keeping.
- ⦿ Financial Costs – short, medium, long term.

Teaching Clinical Reasoning

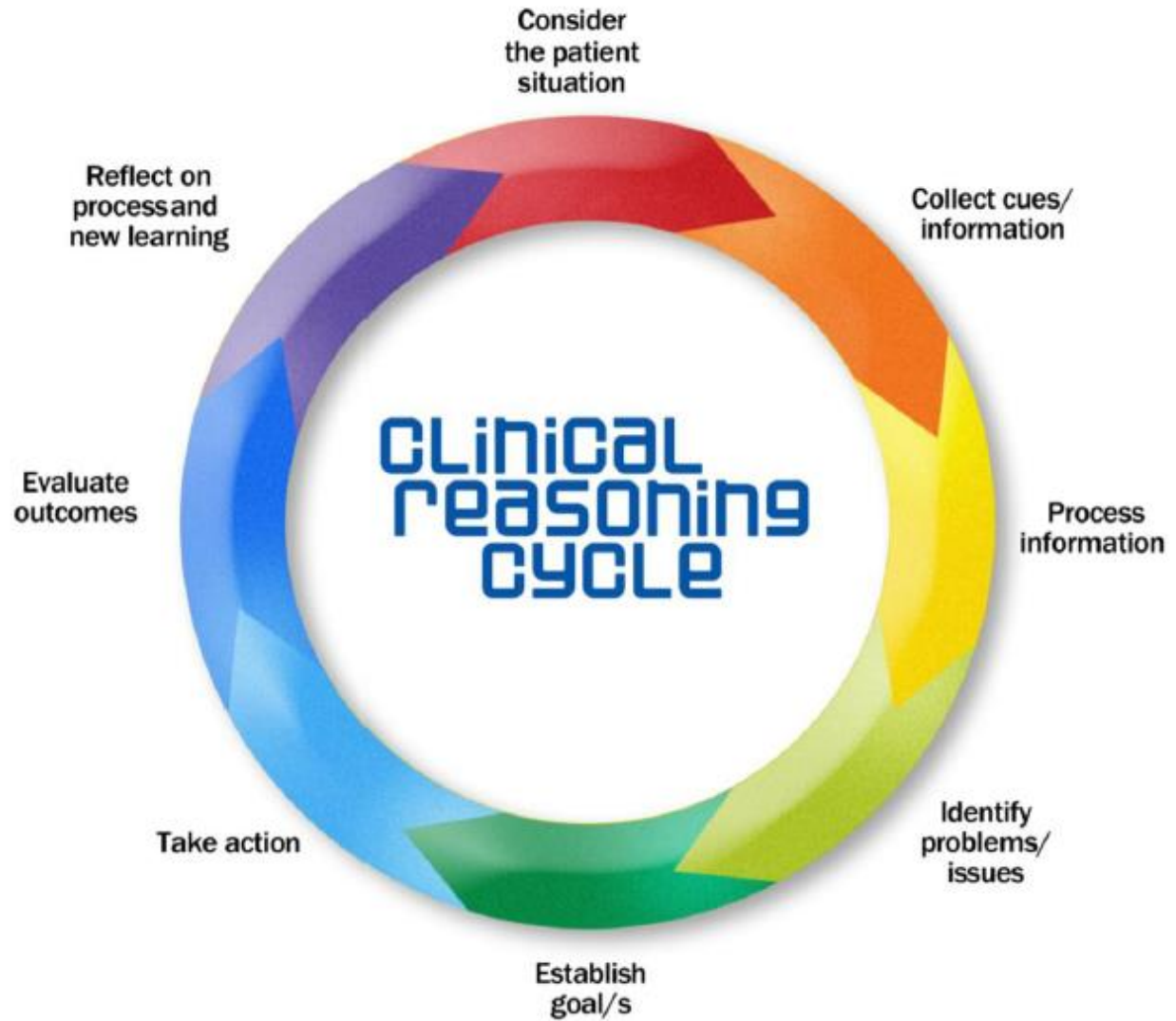
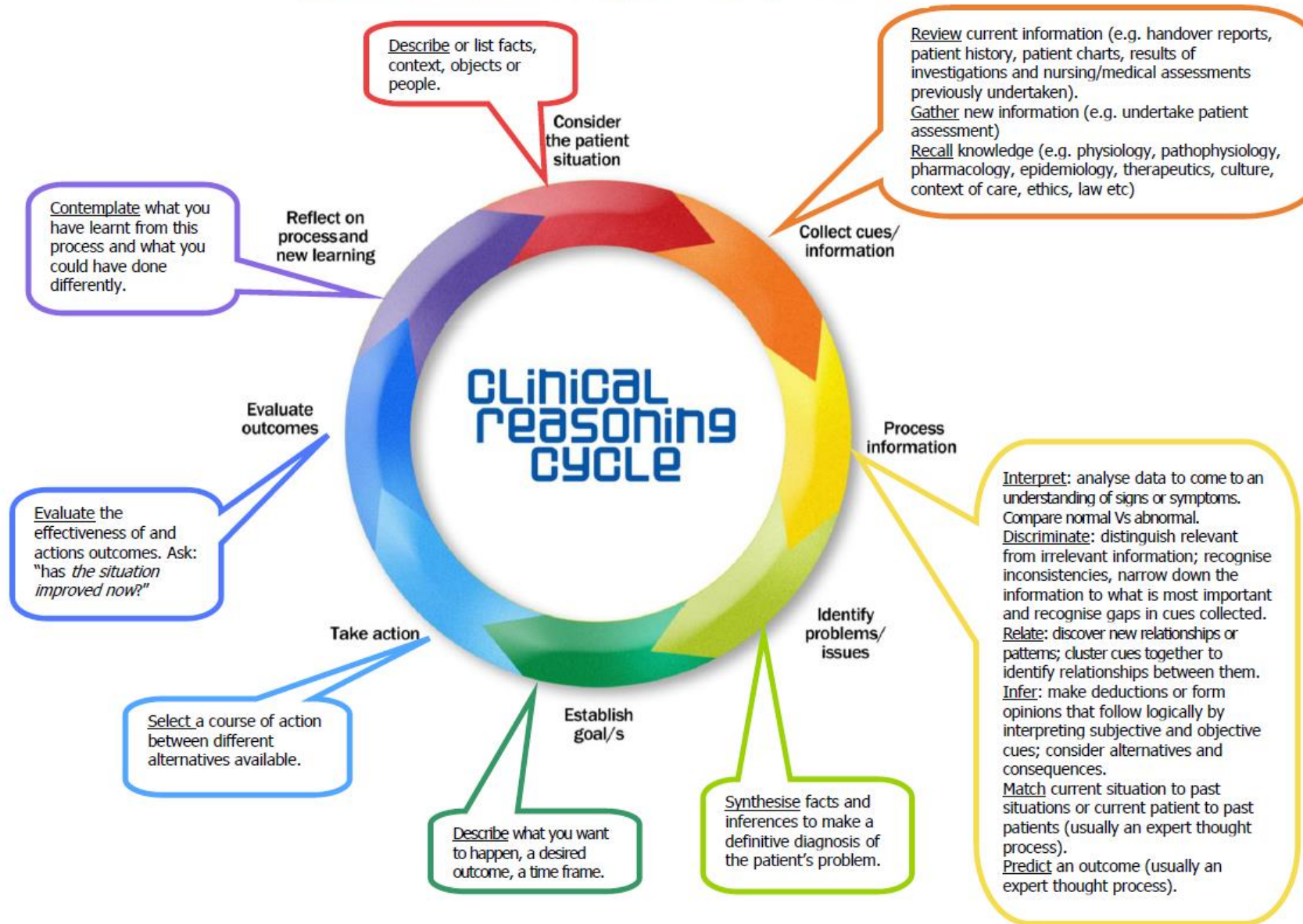


Figure 1: The clinical reasoning cycle

Figure 2: The clinical reasoning process with descriptors



DENTIST



What my friends think I do



What my mom thinks I do



What society thinks I do



What my patients think I do



What I think I do



What I really do

Summary –Treatment planning

- ⦿ Work towards helping/solving patient's problem.
- ⦿ Control disease.
- ⦿ Prioritise care.
- ⦿ Maintenance
- ⦿ Prognosis
 - Short
 - Medium
 - Long - term

Suggested reading

- <http://www.theyoungdentist.com/au/features/working-life/830-working-life-the-first-semester> **July 2023 Link no longer active-extract provided in LMS**
- Chapters 3 and 4 in Stefanac et al Diagnosis and treatment planning in dentistry 2017
https://onesearch.library.uwa.edu.au/permalink/61UWA_INST/1vk1d8f/alma991447291402101

Comment on this....

- ▶ <https://www.youtube.com/watch?v=95Pm-D2ToS8>

Additional reading on oral diagnosis and treatment planning

- ▶ 1. Newsome P, Smales R, Yip K. Oral diagnosis and treatment planning: Part 1. Introduction. Br Dent J. 2012;213(1):15–19.
- ▶ 2. Yip K, Smales R. Oral diagnosis and treatment planning: Part 2. Dental caries and assessment of risk. Br Dent J. 2012;213(2):59–66.
- ▶ 3. Corbet EF. Oral diagnosis and treatment planning: Part 3. Periodontal disease and assessment of risk. Br Dent J. 2012;213(3):111–121.
- ▶ 4. Kaidonis JA. Oral diagnosis and treatment planning: Part 4. Non-carious tooth surface loss and assessment of risk. Br Dent J. 2012;213(4):155–161.
- ▶ 5. Yip K, Smales R. Oral diagnosis and treatment planning: Part 5. Preventive and treatment planning for dental caries. Br Dent J. 2012;213(5):211–220.
- ▶ 6. Corbet E, Smales R. Oral diagnosis and treatment planning: Part 6. Preventive and treatment planning for periodontal disease. Br Dent J. 2012;213(6):277–284.
- ▶ 7. McCord F, Smales R. Oral diagnosis and treatment planning: Part 7. Treatment planning for missing teeth. Br Dent J. 2012;213(7):341–351.
- ▶ 8. Smales R, Yip K. Oral diagnosis and treatment planning: Part 8. Reviews and maintenance of restorations. Br Dent J. 2012;213(8):387–394.