



THE UNIVERSITY OF
**WESTERN
AUSTRALIA**



Oral Health Centre
of Western Australia

Introduction

DENT5310 – Integrated Dental Practice

Clinical Dental Practice module

Unit Coordinator: Dr Mina Dizdarevic

Welcome to DMD3

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Days: Monday - Thursday



11 Modules

Orofacial Pain and Dental Sleep Medicine (OFP)

Oral Medicine (OM)

Oral Surgery (OS)

Prosthodontics - Removable Partial Dentures (Pr-RPD)

Prosthodontics - Multiple Indirect Restorations (Pr-MIR)

Restoration of Endodontically Treated Teeth (RETT)

Orthodontics 1 (Ortho1)

Paediatric Dentistry (Paeds1)

Periodontics (Perio3)

Clinical Dental Practice 3 (CDP3)

Research Project 2 (Res2)

CDP3 Module: Clinical Dental Practice

Module coordinator: Dr Mina Dizdarevic

- Block teaching week
- Lectures/Seminars
- Treatment planning sessions
- Comprehensive Care Clinics
- Screening Clinics
- Emergency Clinics
- Extraction Clinics

CDP3 Module: Clinical Dental Practice

Module coordinator: Dr Mina Dizdarevic

- Block teaching week
- Lectures/Seminars
- Treatment planning sessions (2 - 3 sessions/semester)
- Comprehensive Care Clinics (30 - 33 sessions/semester)
- Screening Clinics (2 - 3 sessions/semester)
- Emergency Clinics (2 - 3 sessions/semester)
- Extraction Clinics (1 - 2 sessions/semester)
- Pros Lab sessions/Research

CDP3 Module: Clinical Dental Practice

Learning Outcomes

1. Develop competence in clinical dental practice through the provision of dental care to patients
2. Compose and implement periodontal, endodontic, and restorative dental treatment plans, and plan the other dental treatment needs for patients (establish correct diagnosis and formulate proper treatment plans for restoring oral functions and communicate it to the patient);
3. Display professional behavior in the educational and clinical settings;
4. Discuss challenges to professionalism and reflect on professional behaviors in the clinical setting.

CDP3 Teaching


Module:


- Lectures (LMS material)
- Seminars: Clinical cases
- Clinic work
- Self-directed learning

CDP3 Assessment

- Block teaching exercises (Pass/Fail) - Formative assessment item

Module Marks:

- Clinical assessment (PebblePad) (FC): **20% of Unit Mark**
- Written Exam: Combined CDP & Perio Exam (Exam period) (FC) **10% Unit Mark**
- Professionalism  Pass/Fail (Barrier - FC)

* Case Presentation (formative)
Clinical Logbook - clinical experience 

Final unit mark will not be released until both Case Pres and Final Logbook are submitted

Rotations and Clinics

DENT5310 *Clinical Dental Practice*

- Comprehensive care Clinic (CCC1)
- Emergency Clinic
- Screening Clinic
- Exo Clinic
- Pros Laboratory

Other rotations in the unit
are NOT in CDP module

- Ortho
- E block (oral surg/oral medicine)
- Paediatric Highgate
- Paediatric PCH

Comprehensive Care Clinic

- Clinic hours will be: **8:00 AM - 11:45 AM and 12:30 PM - 4:15 PM**. Patient starting time is 8:15 AM and 12:45 PM. The **15 min beforehand is for ATS**.
- Clinic 1, 2 (Ground floor)
- Exo clinic – Clinic 5 (1st floor)
- Supervision
 - General Practice Dentists
 - Specialist: Endo, Perio, Pros, Oral Surgery
- GP dentist and Specialist tutors will be grading and approving clinical procedures

Comprehensive Care Clinic

Laboratory Work

- All laboratory work will be undertaken by the OHCWA clinical laboratory within the published turnaround times
- **Progress Sheets** to be completed for each indirect laboratory procedure:
 - *Progress sheets for various pros procedures are required to be printed and presented accordingly to be signed by the supervising tutor.*
 - *The progress sheet should be submitted to the lab with the Laboratory Lab Slip.*
- **Laboratory turnaround times**

Comprehensive Care Clinic

Laboratory Work

- **LabMagic:** *all the lab work submitted to the Lab should be registered on LabMagic (<https://clientportal.labmagic.net/>). Students will be able to search, track and trace their Laboratory work.*
- **Lab Slip:** Patient eForms from Titanium

Absence

- Attendance of all timetabled lectures, laboratory and rostered clinical sessions is **COMPULSORY** for all students.
- Students are to remain in the clinic when rostered whether they are assigned to a patient or not.

Learning opportunity / Assist colleagues

Early Sem 1 – practice skills

- *Alginates; CAD-CAM Scanning; Photos*

Late Sem 1 – see Emergency patients.

If you need to leave the clinic due to illness or any other reason, advise the relevant clinic coordinator. A leave application through **OHCWA App should be submitted if you leave the clinic for the rest of the session due to illness.*

Absence

- Student leave policy
 - Students who are absent for any clinical sessions will be required to make-up that same number of missed sessions during the June or November block teaching period.
 - Arrangements should be made with the module co-ordinator to ensure appropriate clinical supervision and resources are available.
 - “For all unplanned sick/emergency leave please submit notification on the Notification of Absence form on **OHCWA App** – 2026 Dental School Handbook
- If a student cannot attend or needs to depart from a compulsory activity, the student must promptly notify the appropriate staff and initiate leave application procedures as outlined in the UWA Dental School handbook.

Notification of Absence

IMPORTANT: if you are already at the School attending any type of activity whether clinics/lectures/seminars/practicals and suddenly fall ill or need to take leave due to an emergency:

- Submit an online leave application through **OHCWA App**
- Advise relevant staff including the Clinic Coordinators in person, if patient needs to be cancelled.
- Please advise all affected staff - clinic supervisors, unit coordinator/s, module coordinator/s and any other relevant staff. Please do this allowing sufficient time.

If you are able, provide further information on arranging further appointments for these patients. This will also help although you can also arrange these on your return to duty.

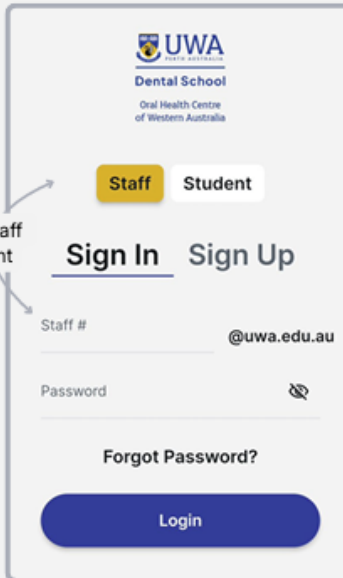
Providing this data will ensure all administrative and clinical staff are notified of your absence and most importantly ensure **no patients are inconvenienced**.

How to Access the OHCWA App



<https://app.ohcwa.dental>

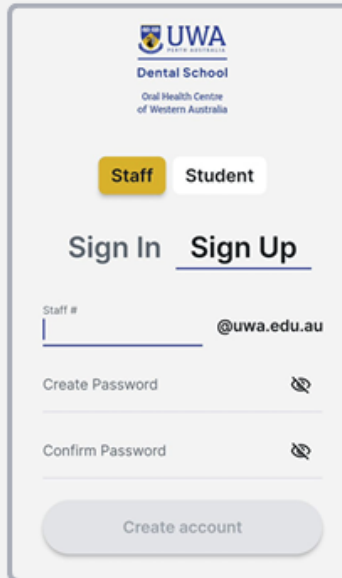
Scan the QR code or visit the link on your device



The screenshot shows the login interface. At the top is the UWA Dental School logo. Below it are two buttons: 'Staff' (highlighted in yellow) and 'Student'. Underneath are 'Sign In' and 'Sign Up' links. A text label 'Select Staff or Student' has arrows pointing to the 'Staff' button and the 'Sign In' link. The form includes a 'Staff #' field with a placeholder '@uwa.edu.au', a 'Password' field with a toggle icon, a 'Forgot Password?' link, and a blue 'Login' button.

Sign In with your Student/Staff number and password.

* If you are doing it for the first time *Sign Up first*



The screenshot shows the sign-up interface. At the top is the UWA Dental School logo. Below it are two buttons: 'Staff' (highlighted in yellow) and 'Student'. Underneath are 'Sign In' and 'Sign Up' links. The form includes a 'Staff #' field with a placeholder '@uwa.edu.au', a 'Create Password' field with a toggle icon, a 'Confirm Password' field with a toggle icon, and a grey 'Create account' button.

Sign Up to create a new account Use your Staff/Student #

DMD Student Leave Policy

DMD 3 Clinical Activity Type: Allowable Missed Session Limit (per semester)

- General clinic – Semester 1: 3 sessions
- General clinic – Semester 2: 4 sessions
- Specialist / other clinic placements: 1 session

Students who exceed the allowable missed session limit, due to planned or unplanned leave, must contact the relevant Unit Coordinator to arrange a remediation plan, which must be documented in writing.

The Leave Policy is available on LMS Ultra under 'Getting Started' tab.

Time Management

- Ongoing dilemma in dentistry is time management
 see more patients and do a little for more patients
 OR
 see less (one) patients and do more for that patient
- Remember patients travel and give up time
 - So want something done,
 - but are mostly understanding of teaching procedures

Time Management

- make maximum use of time
- learn how to be efficient
- You have fixed number of sessions to achieve patient outcome
- To start with, book one patient per session
- Time pressure points
 - Tutors
 - DCA
 - Instruments/materials/equipment
 - Impressions/temporary

Time Management

- Initially 1 patient per session
- Eventually – 3.5-hour sessions book:
 - 2 patients (2 x 1h45min) for:
 - Exam/Review
 - Denture procedures
 - Perio/IPT/SPT
 - Simple restoration
 - 1 patient (1 x 3h30min) for:
 - ‘Complex ‘ procedures
 - » Crown/bridge
 - » Endo
 - » Difficult impression

Time Management

- Simple treatment at start of session, complex procedures towards end of session
 - If run late (try not to!) then run late over lunch or to end of day.
- Ask tutor.
 - Tell them early if you are running late/have more than one patient.
- Set realistic goals for time.

If you run late, this is stressful for - Patients/tutors/DCA/you!

Suggestions for helping with time management

- Know the procedure/materials inside out.
 - Discuss with tutor → ATS
- In advance
 - Know what instruments/materials/consumables/equipment (CAD-CAM carts) you will need for the appointment.
- If waiting for tutor/DA
 - Can I do something else while waiting (if tutor gives permission)
 - Be fair to other students waiting as tutor will typically see students in sequence.
 - If URGENT/TIME SENSITIVE enquiry – interrupt tutor/DA politely.

Unbooked sessions

- Every week – report of unfilled sessions
- Reception team will book patients/reviews if sessions are unfilled.
- Make every effort to fill sessions
- Working on multiple patients concurrently is part of clinical practice
- Strategies to manage
 - Excel
 - Wall chart
 - Logbook

Clinical protocols - Patient fees

- In DMD2: Patient did not pay for dental procedures
- In DMD3 and 4: **All** indirect procedures attract fees
Co-payment **20%** applied for **all patients**
- Fee estimates through TOHM – Needs approval (signature) from patients before the start of the treatment

CoC & fees

- Close all CoC from:
 - DMD2
 - Other students
- Open a new CoC DMD3&4_80%

*You do not need to check the subsidy level

Why?

- You now provide fee for service tx.
 - Real world practice
 - Learn how to discuss financial considerations & how this affects:
 - » tx plan
 - » patient timing decisions and consent.

Patient fees

- No treatment is provided for free.
 - DoH pays OHCWA & UWA for tx you provide with understanding this is for student training on eligible patients.
 - Ultimately the tax-payer pays for this.
- Please do not use the term “free treatment”
- Zero co-payment or no patient co-payment
 - Synonyms: government subsidised care, government pays.
- Be aware possible confusion:
FEE (cost of tx without subsidy)
vs
CO-PAYMENT (subsidised payment).

Patient fees – communication strategies

- Remember - trainee health professional
- You are not in sales
- Discussing fees comes naturally for some & hard for others.
- Fortunately, most patients have been screened & aware there may be co-payments.

Patient fees – communication strategies

- Ensure clear & correct fee estimate
 - “I will confirm with you over phone or at next visit”

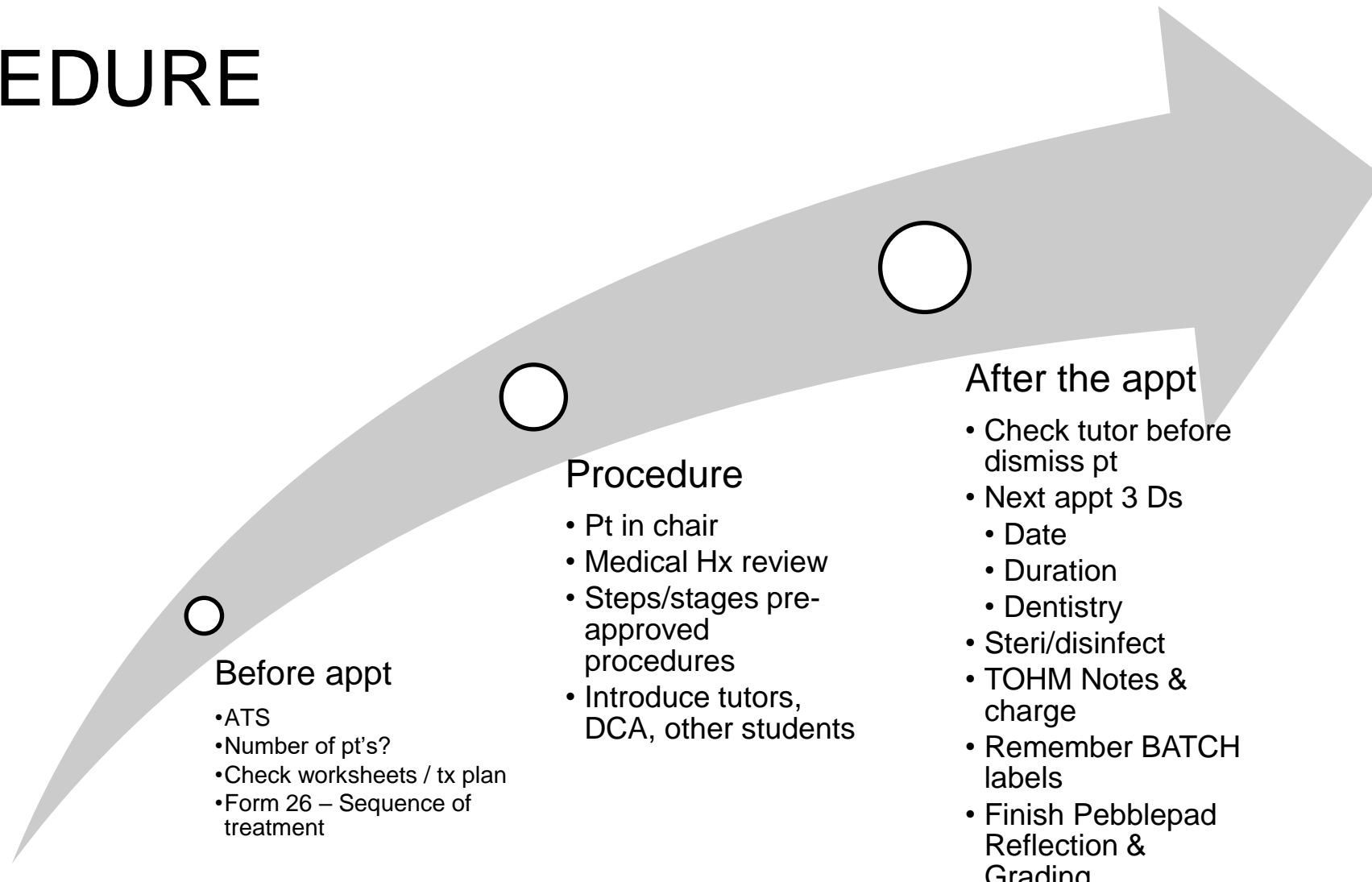
Determine when fees/deposit paid – payment schedule / estimate.

- 50% co-payment at commencement of treatment
- 100% co-payment prior to insert.
 - In credit for amount estimated at insert – check TOHM.
- TOHM - **Charge item codes on insert appt**

Who zeroes co-payments

- Academic staff and Clinic Coordinators
- Treatment plan/enter item number
 - Enter notes, check co-payment
 - Tutor Approve
 - Tick, but don't charge!
 - Logout
 - Tutor login to TOHM.
 - Tutor go to your patient record, zeroes patient portion.
 - Tutor to make a note the patient portion was zero'd & why.
 - Tutor logout
- If not sure, check with Clinic coordinators

PROCEDURE



Before appt

- ATS
- Number of pt's?
- Check worksheets / tx plan
- Form 26 – Sequence of treatment

Procedure

- Pt in chair
- Medical Hx review
- Steps/stages pre-approved procedures
- Introduce tutors, DCA, other students

After the appt

- Check tutor before dismiss pt
- Next appt 3 Ds
 - Date
 - Duration
 - Dentistry
- Steri/disinfect
- TOHM Notes & charge
- Remember BATCH labels
- Finish Pebblepad Reflection & Grading

PROCEDURE

**Patient consent
(eForm) and signed
estimates.**

Before appt

- ATS
- Number of pt's?
- Check worksheets / tx plan
- Form 26 – Sequence of treatment

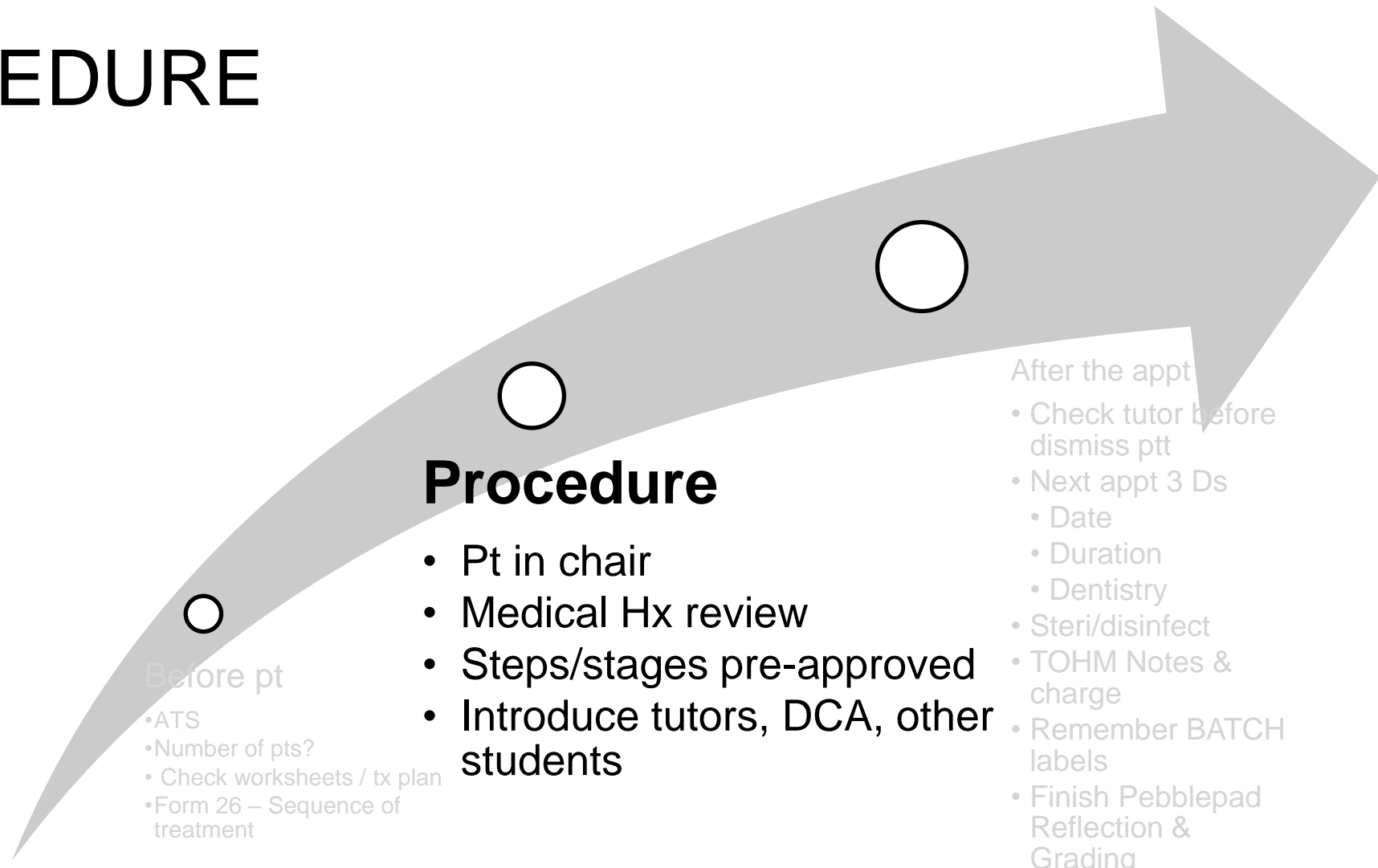
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PROCEDURE



Before pt

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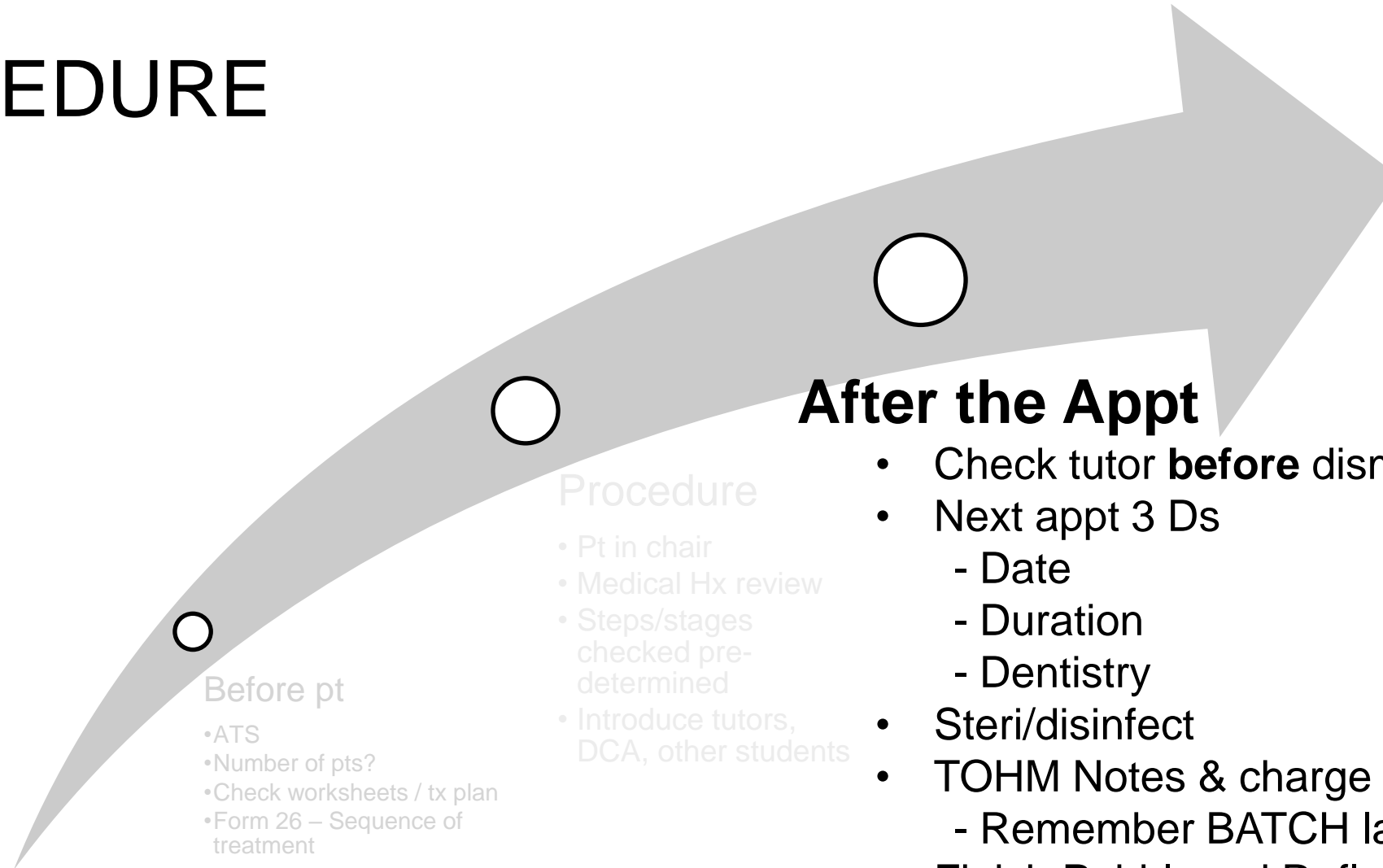
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PROCEDURE



Before pt

- ATS
- Number of pts?
- Check worksheets / tx plan
- Form 26 – Sequence of treatment

Procedure

- Pt in chair
- Medical Hx review
- Steps/stages checked pre-determined
- Introduce tutors, DCA, other students

After the Appt

- Check tutor **before** dismiss pt
- Next appt 3 Ds
 - Date
 - Duration
 - Dentistry
- Steri/disinfect
- TOHM Notes & charge
 - Remember BATCH labels
- Finish Pebblepad Reflection & Grading

Records and Charging

- TOHM records are medico-legal requirement
 - Mandated by DBA and AHPRA
 - Contemporaneous and accurate records are critical to good practice
 - Protect you (staff and patients)
- Accurate fees help to fund lab costs, ongoing running costs (lights, water, maintenance, etc), staff, equipment purchases.

GRADING

- PebblePad
- Grading & feedback critical to reflection, learning, ongoing academic and clinical improvement
- A PebblePad submission must be made for every clinical session; omitting a submission will result in a fail grade for that clinical session
- PebblePad must be submitted by 11.59pm on the same day of appointment

FEEDBACK

Student

Self assessment & reflection

- What areas/aspects could be improved
- Study more, be more prepared

Supervisor and student develop a plan for the next steps:

- Avoid same mistakes, improve the quality of work, patient/student relationship, etc

Supervisor

- What worked/went well
- Why that worked
- What did not work well
- Explain why

- Reinforces the positive
- Explores what did not work well and why

Treatment Plans

- Authorised treatment plans take the form of:
 - TOHM treatment plans and worksheets
 - Patient consent – estimate form signed by patient
 - Scanned written/typed treatment plan with signature (e.g Form 26 for indirect restorations).

Treatment Plans

Approval of CONTROL PHASE:

- Done by general tutors using the approval type '*Work Sheet*'
- The treatment plan for the control phase can be changed by any clinical tutor if needed. For any change in the treatment plan, a new Work Sheet needs to be signed by the tutor who proposed the alteration of the treatment plan
- Students are not required to have all details of the reconstructive phase from the start, but they need a concept as to where the patient is proceeding towards to ensure unnecessary procedures are not commenced in the control phase.

Treatment Plans

Approval of RECONSTRUCTIVE PHASE:

- Treatment Planning sessions for DMD3 will now be run by the DMD clinic coordinators. They may also be available one-on-one meetings for patient management and TP.
- The approval type '*Treatment Plan*' on Titanium should be used for the approval of the reconstructive phase.

**TPs do not have to be done in clinic only.*

Logbooks

- Electronic
- Submit to LMS, every month
- Student's patient progress
- Log of clinical work

- Video of how to fill in logbook is on LMS, will discuss in more detail on Thursday PM.

Extraction Clinic

- Clinic 5 (first floor) – Clinic Supervisor: Dr Richard Hague
- All **planned extractions** are to be booked into **Exo clinic** in Clinic 5.
- Patients who meet the criteria can be booked in the Exo clinic after the approval of the treatment plan (**ALL extractions must be approved before booking the patient in for extraction**).
- Patients may or may not see their usual student clinician depending on the roster (Reception is authorised to book patients into Exo clinic based on student's requests)
- Extractions for **emergency** patients in **pain** may be referred to the Extraction Clinic on the day they present to the emergency clinic (or CC) by contacting Dr Grady on the first floor to see whether the patient can be admitted to the Extraction Clinic on the day.

Extraction Clinic

All patients need to meet the criteria below to have the extraction done by DMD students:

1. Patients on warfarin must have their INR checked within 24 hours prior to the extraction. Patient to bring their INR results to the appointment.
2. No patients requiring sedation
3. No patients requiring AB cover
4. No impacted teeth
5. No patients on anti-resorptive (e.g. Bisphosphonates or Prolia)
6. No patients on immunosuppressants (e.g. Azathioprine or Methotrexate)
7. No patients who have had previous RT to the head and neck
8. No patients on DUAL anti-platelets (e.g. Aspirin and Clopidogrel)
9. It is OK to book patients on a single anti-platelet or the new anti-coagulant (Aspirin OR on NOAC).
10. Do NOT book for extraction of > 3 teeth at any one time.

- If the patients do **not** meet the criteria, they can be referred to Oral Surgery in EBlock: add a **new waitlist** entry on TOHM under Oral Surgery and add 'Referral To Specialist' in the Course of Care (here you add any relevant clinical note about the extraction and the medical/medication history)

Extraction Clinic

Extractions & Prosthodontic

- If bridge sectioning is required before extraction(s), please ensure you have allocated time for the sectioning stage – either by seeing the patient in the morning for sectioning in **CC session** and then patient has an exo appointment in the afternoon in **Exo clinic**; or by seeing the patient first (8:15AM or 12:45PM) in a **normal CC session** (8:15AM or 12:45PM) and the patient has an exo appointment later (10:30AM or 2:30PM) in **Exo clinic**.
- Each chair in Exo clinic can accommodate two patients (12:45-2:30 PM and 2:30-4:15PM), if needed.
- Immediate complete and partial dentures can be inserted in Exo clinic, but the review appts will be organised by usual student clinician in CC session.
- Extractions for immediate dentures need to be approved when the Reconstructive treatment plan is signed off during the tx planning stage.

Emergency Clinic

- 2 x DMD3 and 2 x DMD4
 - 1 student clinician, 1 student to assist – rotate.
 - DMD3 assist DMD4 or vice versa.
 - 2 patients per sessions usually.
 - 1 dedicated supervising tutor.
 - Emergency treatment then return to ongoing clinician or WL (offer student treatment).
 - Diagnosis is critical → knowledge → read and be prepared!
 - Extractions (simple).

Emergency Clinic

Emergency phase

- “life threatening”
- Prevent normal function
- Swelling, pain, bleeding, or infection



Emergency Clinic

Emergency phase

- Tentative diagnosis, differentials in mind.
- Toothache most common.
- Relief of pain and discomfort. Active dental treatment, sometimes associated with medication.
 - Antibiotics
 - Analgesics
- Resolve short term aesthetic/functional problem.
 - Chipped/broken/missing front tooth.
 - Cracked/sharp cusp/restoration.
 - Lost restoration.
 - Food impaction.
 - Denture problems.

Emergency Clinic

Decision making in emergency phase

- Frequently coincides with first time you see patient.
- Still building rapport.
- Conservative treatment aimed at managing symptoms and limiting spread of disease.
- Consider diagnosis very carefully before proceeding with irreversible treatment
 - Extraction
 - Pulp extirpation
- Diagnosis – recognise severity, right site, right tooth, right tissue.
- Consent, consent, consent!!!!

Screening Clinic

- Triage.
- Overriding question: “Would I see this patient?”
- Determine suitability for students, general dentist or specialist WL.
- 45 mins appts.
- Suitability.
 - Medical history.
 - Ambulatory/mobility.
 - Case complexity.
- Availability.
- TOHM WL/Academic management module.



Questions?