

Teaching Materials: Clinical Transitions from Simulation Clinical Care to Real Clinical Care

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Background

Throughout our life, we have been learning using traditional methods. We have had lecture based learning supplemented with text and we have followed this from elementary school to this point in dental school. However, understanding and learning how to operate in a clinical setting takes a different approach because of the hands on nature of it, and so this module of learning was created by Dr. Gupta and several student doctors from the class of 2022 to help our incoming student clinicians with the transition. Studies point to the fact that at times, large group lectures are inefficient in teaching students, and that lack of infrastructure prevents proper learning¹. It is also known that motor skills continually improve over time with practice, and studies promote that habits can improve with reinforcement and continual practice². Thus our goal was to continue the clinical transition lecture series created by our seniors to have small group setting lectures with additional supplementary mock clinic sessions which would allow them to have access to the actual operatory setting they will be working in. This lecture series and mock clinic sessions were completed in the Spring of 2022 for the DDS class of 2024.

Intervention

To best help the incoming class transition from sim clinic, multiple presentations followed up with hands on clinical scenarios were implemented. These sessions consisted of the following topics.

Patient Communication – Calling patients, Contact notes, Booking chairs/appointment requests, Appointment cancellations, Professionalism, Difficult patient situations, Emergency patients.

ODTP – Sequence - Treatment plan set-up, Periodontics, X Rays, Referrals, SOAP notes, How to not get a missing charge code.

Financials – PCC waiting list, P* removal, Denti-Cal, Radiographs how to financially, Payment Plans.

Referrals/Consults Expanded and Explained - OS consults, Endo Consult, Periodontal Surgery, Radiology appointments, Orthodontic Referral

General - Dispensary, Faculty Interactions, Final Axiom Swipes, Professionalism.

Results

Figure 1: Overview of the Course

Responses: 10

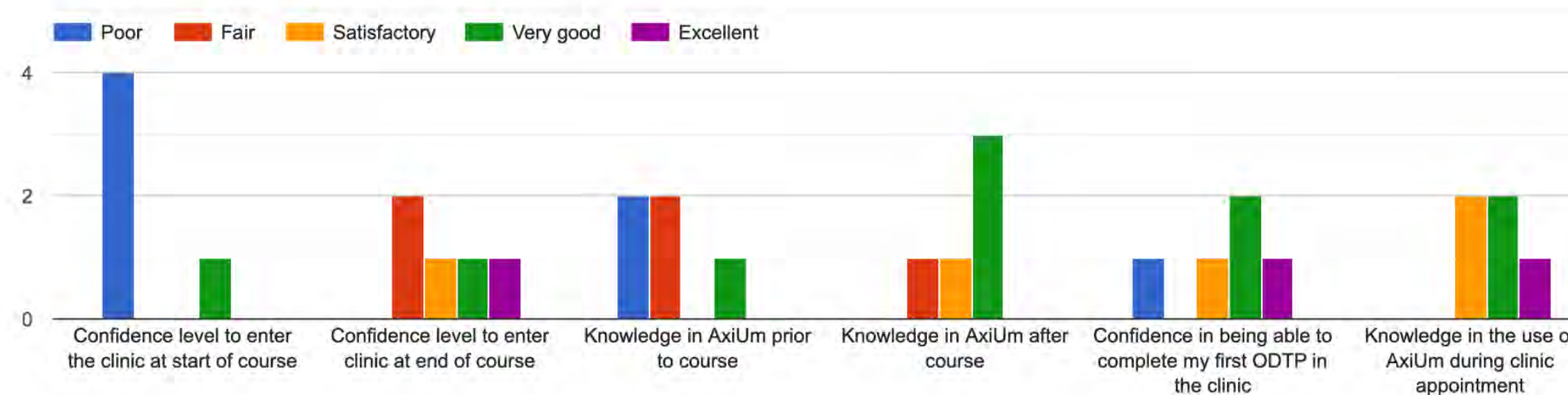
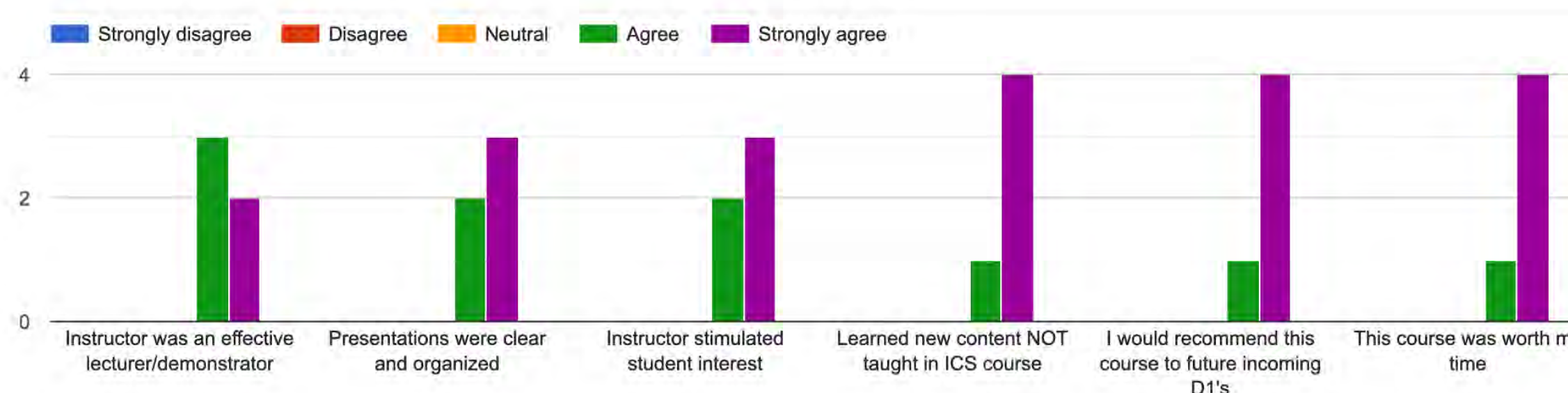


Figure 2: Feedback on Course Instructors

Responses: 10



What aspects of the course were most valuable?

“The information provided in the powerpoints were helpful. I like that I have ability to review this information over the break”

“It was a good welcome to clinic, I was not as afraid to work with the faculty”

How would you improve this course?

“I would schedule it not during lunch breaks when we are tired”

“I would add a section with names of people in each specialty”

Did you find this course helpful for you when working in clinic?

“Yes”, “Yes, very much so”, “looking back, this course was really helpful”, “yes, I liked the powerpoints”, “I didn’t feel as lost in clinic as some of my other classmates”

Instructional Method

We implemented a series of lunchtime lectures revolving around different topics beginning in the spring quarter of the incoming class’ 1st year to slowly expose them to clinic flow. We also introduced our team, including our GPL, GPC, and PCC to the incoming class. Toward the end of this lecture series, we organized a mock ODTP run-through that aimed to simulate a real ODTP experience. The incoming class was split into groups and assigned a fake patient. The students could experience AxiUm first-hand and run through getting financial approval, start checks, and completion swipes. During the fall quarter of the incoming class’ 2nd year, we held a mini review lecture series to reinforce the information that was given as they started seeing patients in clinic themselves.

Limitations

The major limitation we experienced was not being able to do the procedures in person but rather over a powerpoint. For example, the explanation about how to update Axiom charts is something that is hard to explain in a powerpoint. Doing it in person (live) would be more beneficial to the students.

Another limitation is that this is the first time the first year students see this information and so some of the tips and tricks that are more helpful were too complex for the first year students to understand.

Similar to the last limitation, the first year students have not experienced anything and so they do not know the questions to ask because they have not had any experience.

REFERENCES

- 1.Saleh AM, Al-Tawil NG, Al-Hadithi TS. Teaching methods in Hawler College of Medicine in Iraq: a qualitative assessment from teachers' perspectives. BMC Med Educ. 2012 Jul 27;12:59. doi: 10.1186/1472-6920-12-59. PMID: 22840193; PMCID: PMC3444947.
- 2.Yang CS, Cowan NJ, Haith AM. Control becomes habitual early on when learning a novel motor skill. J Neurophysiol. 2022 Nov 1;128(5):1278-1291. doi: 10.1152/jn.00273.2022. Epub 2022 Oct 12. PMID: 36222408.

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