

It's all in the sequence: Assessment

Assessment of the patient and the oral environment

The discussion of professionalism in the last three editorials sets the stage for the clinical competencies that follow. At the conclusion of this series the reader will have a comprehensive sequential template for designing a customized lifelong learning plan. This is the essence of professional development, and professional development is the essence of a satisfying life as a dentist.

Patient examination. Many dentists have not maintained the careful, detailed examinations we learned and performed in dental school because we don't see rare conditions very often, and we are in a hurry to perform treatments for the patients who seek our care. The quickest, easiest path to billable procedures is what we sometimes seek, and often the patient suffers incomplete diagnosis and subsequent treatment as a result. This is not good planning or execution because if our patients are deprived of excellent care, ultimately we will pay a price.

It is obvious that we cannot treat conditions that we do not recognize. The sine qua non for diagnosis is recognition of all deviations from normal, whether local, systemic, or behavioral. Constant review is necessary to keep our breadth of diagnostic acumen sufficient to recognize all factors that negatively impact the oral health of our patients. This means we must be diagnostically competent across all of dentistry and an increasing portion of internal medicine. Contemporary emphasis on biological aspects of oral disease has replaced the outdated preoccupation with deteriorative dental diseases and ultimate tooth loss. If our diagnostic foundation of patient care is adequately comprehensive, the chances of appropriate, adequate therapeutic interventions are much higher.

We must be able to collect all information necessary to manage the biological, social, and psychological needs of our patients. We must be particularly good communicators and motivators as we attempt to attend to our patients' oral health. All age ranges come to us, and the special patients with unusual needs must also be competently examined. We must not only be able to collect the data, but from it we must develop a diagnosis and a *sequential* treatment plan.

Many of the available examination forms offer a checklist to follow. Our intent here is not to duplicate those but to provide broad categories of information that are mandatory for a complete and competent examination.

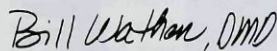
What, then, is expected of the attending dentist? At the very minimum standard of care for competent assessment, attending dentists must: (1) *detect* diseases and abnormalities

of the oral cavity and surrounding tissues; (2) *diagnose*, either alone or in consultation, all contributing factors to oral disharmony; (3) *manage* acute problems in a timely and appropriate manner; and (4) *plan* a treatment regimen that adequately meets the needs, wants, and abilities of the patient.

This is all accomplished by a systematic approach that orders the components of dentistry into a logical, sequential process that takes account of all factors of oral disease. My own sequence is:

1. Using the basics of the competency of *professionalism*, establish strong interpersonal relations with patient and/or responsible party. I cannot treat someone whom I do not fundamentally like. It is important to choose your patients as carefully as they choose you.
2. Identify patient/family expectations and goals for dental care.
3. Using the assessment criteria above, identify the chief complaint(s) and obtain a history of the condition, the so-called "history of present illness."
4. Collect a solid and reliable medical, family, economic, psychosocial, and dental history.
5. Perform complete extraoral and intraoral examinations, including observation of abuse or neglect, which are reportable to authorities.
6. Perform an appropriate radiographic examination.
7. Initiate necessary consultations or laboratory tests to clarify diagnostic or planning uncertainties.
8. Produce face-bow-mounted diagnostic casts and interocclusal records for occlusal, functional, and esthetic evaluation.
9. Record all data into a complete patient record that serves as your professional services record and an adequate legal document in the event of misunderstanding or dispute.

In October we will blend the information gathered into a diagnosis and working treatment plan.



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