UNIVERSITETET I OSLO
DET ODONTOLOGISKE FAKULTET

NOTAT
Spesialutdannelsen

Institutt for klinisk odontologi
Avd. for endodonti
Postboks 1109 – Blindern
N-0317 Oslo

Besøksadresse: Geitmyrsveien 71, Oslo
Tlf. klinikk: 22 85 22 18
Tlf. sekretær: 22 85 22 13
Fax: 22 85 23 44

Ekstramural tjeneste

Dato: 26.9.2006

Bakgrunn
Fra godkjent studieplan i fakultetet:
Ekstramural klinisk virksomhet
Enkelte fagavdelinger kan ha spesialkandidater som har noe klinisk virksomhet i annen (offentlig eller privat) tannlegepraksis. Fagavdelingen vil ha ansvaret for å organisere denne virksomheten slik at kandidaten kan dokumentere og samle slike pasientbehandlinger i sin læringsmappe. Den aktuelle fagavdeling må utforme en egen plan for ekstramural klinisk virksomhet dersom den skal inngå som en del av spesialutdanningen ved avdelingen. Denne planen må legges fram for Semesterstyret/Studieutvalget for godkjenning.

Begrunnelse for ekstramural tjeneste ved Avdeling for endodonti.

1. Økning av kasustilfanget

2. Hensiktsmessighet i forhold til kandidatenes andre oppgaver (forskning, oppfølging), eventuelt i forhold til bopel.

Gjennomføring
Kasus skal ha en vanskelighetsgrad som tilsier spesialistkompetanse. Dette bedømmes etter skjema for evaluering (AAE), med minst tre elementer i 'middels vanskelighetsgrad' eller ett element i 'høy vanskelighetsgrad'.
Kasus skal presenteres for avdelingen med journaldata svarende til avdelingens krav for godkjenning til at behandlingen kan påbegynnes.
Særskilt skjema med begrunnelse for at kasus ønskes inkludert som ekstramuralt kasus, detaljert behandlingsforslag, forslag til løsninger på forventede tekniske, biologiske og kliniske problemer, anvisning av oppfølging med restorativ behandling, og plan for etterkontroll, skal også forelegges til godkjenning.
Journaldata (av et omfang som svarer til eller overstiger avdelingens journalkrav) og kopier/originaler av røntgenbilder, foto og eventuelt annen fysisk dokumentasjon forelegges til godkjenning og permanent arkivering ved avdelingen.
Ekstramurale kasus sidestilles ellers med kasus behandlet ved Avdelingen.
Kandidaten skal være forberedt på kasuspresentasjon av alle ekstramurale behandlingstilfeller.

Implementering
Den ekstramurale tjenestens rutiner er godkjent av Semesterutvalget for spesialutdannelsen 31.8.2005.

Dag Ørstavik

KASUSBESKRIVELSE – EKSTRAMURALT KASUS

Pasientidentifikasjon:

Tann/område:

Elementer ved kasus som begrunner inklusjon som ekstramuralt kasus:

Detaljert behandlingsforslag (evt diagnostiske tiltak, smerteutredningsprinsipper, isoleringsteknikker, spesiell instrumentbruk, medikamenter og materialer, etc.):

Forslag til løsninger på spesielle problemer:

Restorativ og annen supplerende/etterfølgende behandling:

Etterkontroller i forhold til endodontisk og annen behandling:

AAE Endodontic Case Difficulty Assessment Form and Guidelines

PATIENT INFORMATION

Name_____

Address_____

City/State/Zip_____

Phone_____

DISPOSITION

Treat in Office: Yes ☐ No ☐

Refer Patient to:

_____

Date:_____

Guidelines for Using the AAE Endodontic Case Difficulty Assessment Form

The AAE designed the Endodontic Case Difficulty Assessment Form for use in endodontic curricula. The Assessment Form makes case selection more efficient, more consistent and easier to document. Dentists may also choose to use the Assessment Form to help with referral decision making and record keeping.

Conditions listed in this form should be considered potential risk factors that may complicate treatment and adversely affect the outcome. Levels of difficulty are sets of conditions that may not be controllable by the dentist. Risk factors can influence the ability to provide care at a consistently predictable level and impact the appropriate provision of care and quality assurance.

The Assessment Form enables a practitioner to assign a level of difficulty to a particular case.

LEVELS OF DIFFICULTY

MINIMAL DIFFICULTY	Preoperative condition indicates routine complexity (uncomplicated). These types of cases would exhibit only those factors listed in the MINIMAL DIFFICULTY category. Achieving a predictable treatment outcome should be attainable by a competent practitioner with limited experience.
MODERATE DIFFICULTY	Preoperative condition is complicated, exhibiting one or more patient or treatment factors listed in the MODERATE DIFFICULTY category. Achieving a predictable treatment outcome will be challenging for a competent, experienced practitioner.
HIGH DIFFICULTY	Preoperative condition is exceptionally complicated, exhibiting several factors listed in the MODERATE DIFFICULTY category or at least one in the HIGH DIFFICULTY category. Achieving a predictable treatment outcome will be challenging for even the most experienced practitioner with an extensive history of favorable outcomes.

Review your assessment of each case to determine the level of difficulty. If the level of difficulty exceeds your experience and comfort, you might consider referral to an endodontist.

AAE Endodontic Case Difficulty Assessment Form

Criteria and Subcriteria	Minimal Difficulty	Moderate Difficulty	High Difficulty
A. PATIENT CONSIDERATIONS			
Medical history	☐ No medical problem (ASA Class 1*)	☐ One or more medical problems (ASA Class 2*)	☐ Complex medical history/serious illness/disability (ASA Classes 3-5*)
Anesthesia	☐ No history of anesthesia problems	☐ Vasoconstrictor intolerance	☐ Difficulty achieving anesthesia
Patient disposition	☐ Cooperative and compliant	☐ Anxious but cooperative	☐ Uncooperative
Ability to open mouth	☐ No limitation	☐ Slight limitation in opening	☐ Significant limitation in opening
Gag reflex	☐ None	☐ Gags occasionally with radiographs/treatment	☐ Extreme gag reflex which has compromised past dental care
Emergency condition	☐ Minimum pain or swelling	☐ Moderate pain or swelling	☐ Severe pain or swelling
B. DIAGNOSTIC AND TREATMENT CONSIDERATIONS			
Diagnosis	☐ Signs and symptoms consistent with recognized pulpal and periapical conditions	☐ Extensive differential diagnosis of usual signs and symptoms required	☐ Confusing and complex signs and symptoms: difficult diagnosis ☐ History of chronic oral/facial pain
Radiographic difficulties	☐ Minimal difficulty obtaining/interpreting radiographs	☐ Moderate difficulty obtaining/interpreting radiographs (*e.g.*, high floor of mouth, narrow or low palatal vault, presence of tori)	☐ Extreme difficulty obtaining/interpreting radiographs (*e.g.*, superimposed anatomical structures)
Position in the arch	☐ Anterior/premolar ☐ Slight inclination (<10°) ☐ Slight rotation (<10°)	☐ 1st molar ☐ Moderate inclination (10-30°) ☐ Moderate rotation (10-30°)	☐ 2nd or 3rd molar ☐ Extreme inclination (>30°) ☐ Extreme rotation (>30°)
Tooth isolation	☐ Routine rubber dam placement	☐ Simple pretreatment modification required for rubber dam isolation	☐ Extensive pretreatment modification required for rubber dam isolation
Morphologic aberrations of crown	☐ Normal original crown morphology	☐ Full coverage restoration ☐ Porcelain restoration ☐ Bridge abutment ☐ Moderate deviation from normal tooth/root form (*e.g.*, taurodontism, microdens) ☐ Teeth with extensive coronal destruction	☐ Restoration does not reflect original anatomy/alignment ☐ Significant deviation from normal tooth/root form (*e.g.*, fusion, dens in dente)
Canal and root morphology	☐ Slight or no curvature (<10°) ☐ Closed apex <1 mm diameter	☐ Moderate curvature (10-30°) ☐ Crown axis differs moderately from root axis. Apical opening 1-1.5 mm in diameter	☐ Extreme curvature (>30°) or S-shaped curve ☐ Mandibular premolar or anterior with 2 roots ☐ Maxillary premolar with 3 roots ☐ Canal divides in the middle or apical third ☐ Very long tooth (>25 mm) ☐ Open apex (>1.5 mm in diameter)
Radiographic appearance of canal(s)	☐ Canal(s) visible and not reduced in size	☐ Canal(s) and chamber visible but reduced in size ☐ Pulp stones	☐ Indistinct canal path ☐ Canal(s) not visible
Resorption	☐ No resorption evident	☐ Minimal apical resorption	☐ Extensive apical resorption ☐ Internal resorption ☐ External resorption
C. ADDITIONAL CONSIDERATIONS			
Trauma history	☐ Uncomplicated crown fracture of mature or immature teeth	☐ Complicated crown fracture of mature teeth ☐ Subluxation	☐ Complicated crown fracture of immature teeth ☐ Horizontal root fracture ☐ Alveolar fracture ☐ Intrusive, extrusive or lateral luxation ☐ Avulsion
Endodontic treatment history	☐ No previous treatment	☐ Previous access without complications	☐ Previous access with complications (*e.g.*, perforation, non-negotiated canal, ledge, separated instrument) ☐ Previous surgical or nonsurgical endodontic treatment completed
Periodontal-endodontic condition	☐ None or mild periodontal disease	☐ Concurrent moderate periodontal disease	☐ Concurrent severe periodontal disease ☐ Cracked teeth with periodontal complications ☐ Combined endodontic/periodontic lesion ☐ Root amputation prior to endodontic treatment

*American Society of Anesthesiologists (ASA) Classification System

Class 1: No systemic illness. Patient healthy.
Class 2: Patient with mild degree of systemic illness, but without functional restrictions, e.g., well-controlled hypertension.
Class 3: Patient with severe degree of systemic illness which limits activities, but does not immobilize the patient.
Class 4: Patient with severe systemic illness that immobilizes and is sometimes life threatening.
Class 5: Patient will not survive more than 24 hours whether or not surgical intervention takes place.

www.asahq.org/clinical/physicalstatus.htm

AAE EDUCATOR GUIDE

To assist educators in teaching predoctoral dental students effective evaluation and decision-making skills in endodontics, the AAE has prepared the following guidelines. It is the intention that these guidelines provide a more objective evaluation tool for students to use in assessing the difficulty associated with an endodontic patient's case, and assist them in the decision whether to treat or refer. AAE members may photocopy this guide for distribution to other educators.

USE OF ENDODONTIC CASE DIFFICULTY ASSESSMENT FORM

In order to make the *Case Difficulty Assessment Form* a more objective exercise, it is recommended that a point score be assigned to each item within each difficulty category. This point system is offered for educational purposes only and is not recommended for clinical practice.

Those items listed in the Minimal Difficulty category are assigned a point value of 1.

Those items listed in the Moderate Difficulty category are assigned a point value of 2.

Those items listed in the High Difficulty category are assigned a point value of 5.

The following score ranges are recommended in making the decision whether to treat or refer:

- **Less than 20 points:** Dental student may treat—level of faculty supervision should be tailored to the student's level of experience.
- **20 – 40 points:** An experienced and skilled dental student may treat with very close supervision by an endodontist, or the case referred to a graduate student or endodontist.
- **Above 40 points:** The case should not be treated by a predoctoral dental student. The patient should be referred to a graduate student or endodontist.

The assignment of an objective "point score" will hopefully assist the dental student in critically evaluating the difficulty associated with treating each patient, assist him/her in making a treatment decision that will be in the patient's best interests, as well as enhance the student's educational experience.